DISSERTATION ON

"A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING PREVENTION AND MANAGEMENT OF SELECTED BREAST COMPLICATIONS AMONG LSCS PRIMIPARA MOTHERS AT INSTITUTE OF OBSTETRICS AND GYNECOLOGY, EGMORE, CHENNAI-08."

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CERTIFICATE

This is to certify that this dissertation titled**"A study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mother at Institute of Obstetrics and Gynecology, Egmore, Chennai-08"** is a bonafide work done by Mrs. P. Savitha, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai - 600 003 submitted to THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI in partial fulfillment of the requirements for the award of degree of Master of Science in Nursing, Branch – III, Obstetrics and Gynecological Nursing, under our guidance and supervision during the academic year 2015 – 2017.

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ABSTRACT

Statement of the problem:

"A study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mother at Institute of Obstetrics and Gynecology, Egmore, Chennai-08".

Breast feeding is an essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span to human beings.

Need for study:

Breast milk is the nature's most precious gift to the newborn. LSCS is done to preserve the life and health of the mother and fetus. Especially primipara mothers undergone LSCS suffer from breast complications and reluctant to continue breast feeding. This leads them to go for alternative choices of other feedings to the neonates. That results in failure in effective breast feeding.

The researcher while providing care to the mother and their newborn in the post-operative ward, seen mothers suffer from breast complications like breast engorgement, inverted nipples, sore nipples and mastits. The simple nursing intervention like educating the mother on prevention and management of selected breast complications would be supporting in the initial. This initiated the researcher to study the effectiveness of educating mothers on prevention and management of selected breast complications.

Objectives:

1. To assess the pretest level of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group.
2. To evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental group.

3. To compare the pretest and post-test level of knowledge regarding prevention and management of breast complications among LSCS primipaara mothers in experimental and control group.
4. To find out the association between the post test knowledge scores with selected socio-demographic variables of LSCS primi mothers in experimental and control group.

Key Words:

LSCS primipara mothers, STP, effectiveness, Prevention and management of selected breast complications.

Research Methodology:

- Research approach - Quantitative research approach
- Duration of the Study - Four Weeks (20.11.2016 to 18.12.2016)
- Study Setting - Post-operative ward at IOG
- Study design - Quasi-Experimental (pretest-post test) design.
- Study Population - LSCS primipara mothers
- Sample Size - 60 LSCS Primipara mothers
- Sampling technique - Convenient Sampling Technique

Data Collection Procedure

After obtaining informed and written consent approximately three to five samples were selected every day and pretest questionnaire was given to them and collected after its completion. Structured teaching programme was given to the participants for 30 minutes. After pretest, post test was conducted after 1 week to assess the knowledge of women regarding prevention and management of selected breast complications.

Data analysis:

Demographic variables in categorical/dichotomous were given in frequencies with their percentages. knowledge score was given in mean and standard deviation. Difference between experiment and control was analysed using student independent t-test. Difference between pretest and posttest was analysed using student paired t-test. Qualitative data t pretest and posttest was analysed using

Extended McNemar's chi square test. Similarity of demographic variables between experiment and control was calculated using chi square test for independence. Differences between experiment and control score was analyzed using percentage with 95% CI and mean difference with 95% CI. Association between level of knowledge gain score with demographic variables are analysed using oneway analysis of variance F-test and independent t-test. $P<0.05$ was considered statistically significant.

Study Results:

The findings of the study revealed that the structured teaching programme had improved the knowledge of LSCS primipara mothers regarding prevention and management of selected breast complications with paired t –test P value is 0.001. There is statistical significance in knowledge attainment on prevention and management of selected breast complications among LSCS primipara mothers.

Discussion:

Hypothesis was proved by the great statistically significance occurs after STP. The chi square test shows that there is no association between the post test level of knowledge and demographic variables among women.

Recommendation:

1. A comparative study can be conducted between the knowledge of the mothers in prevention of breast complications and their practices.
2. A follow up study can be recorded to determine the participation in practice for the prevention and management of selected breast complications.

Conclusion:

The result of the study shows that STP was effective in prevention and management of selected breast complications among LSCS primipara mothers.

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ABBREVIATION

BFT	:	Breast feeding technique
LSCS	:	Lower-Segment Cesarean Section
STP	:	Structured teaching programme
EFB	:	Exclusive breastfeeding
UNICEF	:	United Nations Integrated Child Emergency Fund

CHAPTER 1

INTRODUCTION

" O, thou with a beautiful face, may the child reared on your milk, attain a long life, like the gods made immortal with drinks of nectar.'

-Sushruta.

In philosophy, the woman symbolizes the mother's natural feminine characteristics in the universe. Women are the primary care takers, bearers, and nurturers of the next generation. They are also vulnerable group. Among the women population in our country, the women under the child bearing age constitutes 22 % . The incidence of health problems is high among the women of reproductive age. Women health is an issue which has been taken up by many feminists, especially where reproductive health is concerned. women health is positioned within a wider body of knowledge citied by, amongst others, the WHO, which places importance on the gender as a social determinant of health[1].

Williams et al (1998), One of the important and special characteristic features of a mammal is giving birth and feeding the baby. Breast milk is the Cinderella substance of the decade and is the nature's most precious gift to the newborn and equivalent to which is yet to be innovated by our scientific community despite tremendous advances in science and technology[2].

Rebeca D Williams (2008), Women health directly influences growth and development of her child, ensuring that all child births are healthy, it can be a profound benefit to woman, children, and society at large. A birth of a child is generally viewed as a time for rejoicing, despite the physical pain and exhaustion experienced by many women during child birth. Usually vaginal delivery is a normal pathway. Some go with struggle, yet couldn't achieve normal delivery. Such types of mother's are considered as high risk and are decided immediately to put on operation table for surgery. The

ultimate aim is to preserve the life and health of the mother and fetus, which is successfully done through the process of cesarean section[3].

Caesarean section is a method of delivering baby through an incision made in the mother's lower abdominal wall and uterus instead of delivery through the Vagina. The origins of the name are unclear, but believed to be named for Julius Caesar, because this surgical procedure was used at the time of his birth. It may have been so named because of law, enacted under Julius Caesar's rule, which required this form of birth, when a mother was sick or dying.

In recent decades a major concern on maternal and child health because of the increasing number of cesarean birth being performed annually. World Health Organization states that in United States cesarean rate is greater than 10 – 15 % and has hit the highest record in 2005, Spiking by nearly 50% in decade currently the incidence is nearly 18 % for first time mothers, over 70% for repeat procedure. According to centre for disease control and prevention more than 7,00,000 pregnancies were lead to first time cesarean sections.

A mother who has undergone cesarean delivery has a dual role in both post-operative care as well as maternal care. LSCS mothers need more care and attention than vaginal delivery mothers. The families involved in cesarean have been largely ignored during the professional practices like post operative self care–wound care, early ambulation, breast feeding practices, and prevention of complications.

Breast feeding is good for new mothers as well as for their babies. There are no bottles to sterilize and no formula to buy, measure and mix; it may be easier for a nursing mother to lose the pounds of pregnancy as well, since nursing uses up extra calories. Lactation also stimulates the uterus to contract back to its original size.

Stephanie schulzneurohr et al (2008) Breast feeding problems can be avoided if the mothers understand the basics of breast feeding techniques. Proper breast feeding

techniques (positioning, latching and sucking) and "let-down" of milk is crucial to exclusive breast feeding and long term breast feeding success[4].

UNICEF in 1993 gives the effect of poor attachment of breast feeding as follows.

Paint and damage no nipple ----------→ Soreness, fissures.

Breast milk not removed effetely ---------→ Engorgement.

Apparent poor milk supply ----------→ Baby unsatisfied wants to feed a lot.

Baby frustrated and refuse to feed.

Breast makes less milk ----------→ Baby fails to gain weight.

Baby frustrated and refuse to feed.

2006, The most common problems associated with the breastfeeding are breast engorgement, mastitis, cracked or sore nipple, inverted nipple etc. out of these breast engorgement and mastitis are the most common and severe problems that the mother encounter with[5].

1.1. Need for the study

Frazer DM, Cooper MA (2001), The mother may experience several problems during the course of the lactation. However if a woman experiences ongoing difficulties when trying to establish breastfeeding she may become frustrated and discouraged, which can lead her to stop trying. The midwife's role during the first few feeds twofold. With proper education and support these problems can be solved and successful breastfeeding can be established[6].

Giugliami ER (2004), several common problems that may arise during the breastfeeding period, such as breast engorgement, plugged milk duct, breast infection and insufficient milk supply, originate from conditions that lead the mother to inadequate empty the breasts. Incorrect techniques, not frequent breastfeeding and breastfeeding scheduled times, pacifiers and food suppliers are important risk factors that can predispose to lactation problems. The adequate management of those

conditions is fundamental, as if not treated they frequently lead to early weaning. There are specific measures that should be taken to empty the breasts effectively[7].

National surveys have shown that painful breasts are the second most common reason for giving up breastfeeding in the first two weeks after birth in the UK. One factor contributing to such pain can be breast engorgement[10].

The WHO recommends that, " All mothers should have access to skilled support to initiate and sustain exclusive breast feeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breast feeding up to two years or beyond"[11].

Careful positioning of the mother as well as the baby is very essential part in nursing, especially in LSCS primipara mothers to make them more comfortable and prevent problems related to breast feeding.

The studies conducted in different parts of the world suggest that mothers do not practice early initiation of breast feeding and proper technique of infant feeding. Researches own experience in the postoperative wards in institute of obstetrics and gynecology, Egmore recognized that LSCS primi mothers where having lack of knowledge and practice on prevention and management of selected breast complications. In these circumstances the investigator has prepared a STP based on literature reviewed and problems identified during clinical experience and attempted to assess the knowledge of LSCS primipara mothers to ensure best possible breast feeding.

1.2. Statement of the problem:

" A Study to evaluate the effectiveness of Structured teaching programme on knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in institute of obstetrics and gynecology, Egmore, Chennai."

1.3. Objectives of the study:

1. To assess the pretest level of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group.
2. To evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental group.
3. To compare the pretest and post-test level of knowledge regarding prevention and management of breast complications among LSCS primipara mothers in experimental and control group.
4. To find out the association between the post test knowledge scores with selected socio-demographic variables of LSCS primipara mothers in experimental and control group.

1.4. Operational definitions:

1. Evaluate: refers to the statistical estimation of outcome of STP regarding the level of knowledge regarding prevention and management of selected breast complications.

2. Effectiveness: refers to determine the extent to which information given through STP on prevention and management of selected breast complications has achieved the desired outcome as measured by gain in post-test knowledge scores.

3. Structured Teaching Programme: is a systematically prepared teaching programme for 45 min -1 hr to educate the LSCS primipara mothers regarding the prevention and management of selected breast complications.

4. Knowledge: is the response given by the LSCS primipara mothers regarding prevention and management of selected breast complications being measured through structured questionnaires.

5. Prevention: refers to avoidance of occurrences of signs and symptoms of selected breast complications in LSCS primipara mothers.

6. Management: refers to the regular care and activity performed for the well-being of the mother with selected breast complications during the puerperal period.

7. Selected breast complications: includes breast engorgement, inverted nipple, sore nipple and mastitis.

8. primipara mothers: mother who had fulfilled 38 weeks of pregnanacy and underwent cesarean delivery.

1.5. Assumptions:

The study assumes that:

1) LSCS primipara mothers may have some knowledge regarding the prevention and management of selected breast complications.
2) Lack of health care facilities and knowledge deficit will increase the prevalence of breast complications during puerperium.
3) Structured teaching programme may improve the knowledge of the LSCS primipara mothers regarding the prevention and management of selected breast complications in experimental group.

1.6. Hypotheses:

H1: There will be significant increase in knowledge among LSCS primipara mothers those who received structured teaching programme regarding prevention and management of selected breast complications than those who do not receive.

H2: There will be significant association between post-test knowledge score regarding prevention and management of selected breast complications among the LSCS primipara mothers with selected socio demographic variables.

1.7. Delimitations:

1) The sample size is limited to 30 experimental and 30 control groups of LSCS primipara mothers.

2) Study is limited for a period of 4 weeks.

Significance of the study:

The prevalence of selected breast complications are increased among LSCS primipara mothers due to lack of knowledge and awareness regarding prevention and management of selected breast complications. This study will modify their knowledge through structured teaching programme regarding the prevention and management of selected breast complications among LSCS primipara mothers.

CHAPTER II

REVIEW OF LITERATURE

This chapter deals with two parts.

Part I- Review of literature

Part II- Conceptual framework

2.1. Review of literature

This part consists of the literature reviewed has been organized and presented under the following sections.

SECTION 1: Prevalence of breast complications among LSCS primipara mothers

SECTION 2: Prevention of selected breast complications among LSCS primipara mother

SECTION 3: Management of selected breast complications among LSCS primipara mothers

2.1.1. Literature related to prevalence of breast complications among LSCS primipara mothers:

Awi DD, Alikor EA, Niger j clin (2006), A study was conducted to determine the barriers to timely initiation of breast feeding among mothers in WHO hospital (500 consecutive health mother-infant both vaginally and by cesarean section) were selected. Information was obtained using a structured questionnaire. Approximately 34% of the vaginal delivery mother initiated breast feeding early while no mother with cesarean section had had early initiation of breast feeding. The mean time of breast feeding initiation was 3.35-/+2.6 hrs in mother who had vaginal delivery, 6.50+/-3.4 hrs and 5.9+/-1.9 hrs in those who had cesarean section with general or spinal anesthesia respectively. They concluded that there was a low pre valence of early initiation of breast feeding in mothers delivered at the university of Port Harcourt

Hospital. This low prevalence was due to practices interfere with the time of breast feeding initiation[8].

Ahluwalia I B, Morrow B, Hsia J (2005), A study was conducted to examine the breastfeeding behaviors, period of vulnerability for breastfeeding cessation, reasons for breast feeding cessation and the association between predelivery intentions and breastfeeding behaviors. Using a two years (2000 & 2001) of data from the pregnancy Risk Assessment and Monitoring system, assessment of percentage of women who began breastfeeding, continued for less than one week, continued for 1-4 weeks and continued for more than 4 weeks. Results revealed that 32% of women did not initiate breastfeeding, 4% started but stopped within the first week, 13% stopped within the first month and 51% continued for more than 4 weeks. Reasons for cessation included sore nipples, inadequate milk supply. Study concluded that there is a need to provide extensive difficulties in breastfeeding[12].

Kirti iyengar, Sharad D Iyengar (2004), Breast problems include engorgement, sore or cracked nipples, mastitis and breast abscess. In UK 33% of women experienced breast problems in first 2 weeks of postpartum, and 28% in the weeks thereafter. Studies from developed countries (USA, UK &Australia) show that the reported incidence of mastitis varies from a few to 33% of lacting women, but it is usually under 10%. Estimates of incidence of breast abscess from developed countries show that the incidence varies between 0.04% and 8.9%. Among women from mastitis, 4.6% to 11% develop breast abscess. Most of these studies were hospital based. These problems have been cited as reasons for stopping breastfeeding. In India, 23% reported problems, and in Bangladesh nearly 50% reported symptoms 6 weeks after delivery, while in England 47% reported at least one symptom. The most frequently reported problems are genital infections, stress incontinence, backache, bladder problems, headaches, pelvic pains, hemorrhoids, perineal pain, and dyspareunia, and breast problems[16].

WHO report (1998), In the Grampian study 33% of all women experienced breast problems in the first 2 weeks post partum and 28% in the weeks thereafter. This

may be an underestimation, because some of the women may have considered these problems as baby feeding problems. Apart from overt mastitis, a relatively rare condition, these problems may have comprised engorgement, and sore, cracked, bleeding or inverted nipples. Breast problems are often cited as the reason for stopping breastfeeding, and breast feeding rates might improve if effective care could be given for these problems. The majority of such problems can be prevented by routines and practices which support breastfeeding, and skilled help to establish breastfeeding in the early postpartum period[17].

Balogan O.R (2007), A retrospective study was conducted in a private Health facility, surulere medical center to find out early puerperal complications among postnatal mothers. There were 205 patients (9.8%) of the total number of patients who had spontaneous vaginal delivery this period that reported early puerperal complications. The complications include fever, perineal pain, abdominal pain and breast engorgement accounted for 66 (33.3%) and breast abscess accounted for 20.5% of the study population. Study concluded that there is a need to increase awareness to improve early diagnosis and management to preserve women's reproductive health[18].

Jane A Scott, Michele Robertsen, Julie Fitzpatrick, Christoper Knight and Sally Mulholland (2007), A longitudinal study of 420 breastfeeding women was undertaken in Glasgow to find incidence of mastitis in the first six months postpartum. Participants were recruited and completed a baseline questionnaire before discharge from hospital. Cases of mastitis were reported either directly to the researches or were detected during regular follow-up telephone interviews at weeks 3, 8, 18 and 26. Results shows that 74 women (18%) experienced at least one episode of mastitis. More than one half of initial episodes (53%) occurred within the first four weeks postpartum. They concluded that **approximately** one in six women is likely to experience one or more episodes of mastitis while breastfeeding. A small but clinically important proportion of women continue to receive inappropriate management advice from health

professionals which, if followed, could lead them to unnecessary deprive their infants prematurely of the known nutritional and immunological benefits of breast milk[19].

Zanardo V, Svegliado G, Cavallin F, Giustardi A, Cosmi E, Litta P et al (2006), A study was conducted to evaluate breastfeeding rates, defined in accordance with WHO guidelines, from delivery to six months postpartum in infants born by elective and emergency cesarean section and in infants born vaginally. Delivery modalities were assessed in relation to breastfeeding patterns 2137 term infants delivered at a tertiary center, the Padua University school of medicine in northeastern Italy, from January to December 2007. The study population included 677(31.1%) newborns delivered by cesarean section, 398 (18.3%) by elective cesarean, 279(12.8%) by emergency cesarean section and 1,496 (68.8%) delivered vaginally. Results shows that breastfeeding prevalence was significantly higher after Vaginal delivery compared with that after cesarean delivery (71.5% v\s 3.5%, $p<0.05$) and a longer interval occurred between birth and first breastfeeding in the newborns delivered by cesarean section (mean +- SD, hours, 3.1 + 5 v\s 10.4 + 9, $p<0.05$). Study concluded that cesarean deliveries are associated with a decreased rate of excusive breastfeeding compared with vaginal delivery[21].

Cakmak H, Kuguoglu S (2006), An observational and comparative study was done to assess and compare the breastfeeding process in mothers who had cesarean deliveries (CD) with those who delivered vaginally (VD). 118 incidents of CD from the private hospital in Istanbul were selected as study participants. Data was obtained an "Introductory Information Form" by using the (LATCH) breastfeeding charting system. Results shows the average score for the first breastfeeding was 6.27 and 8.81 for the third in CD mothers and 7.46 for the first breastfeeding and 9.70 for the third in VD mothers. Statistically meaningful differences were defined between the first ($t= 10.48$; $p<0.01$) second ($t=7.82$; $p<0.01$) and third ($t=7.12$; $p<0.01$) breastfeeding sessions in both CD and VD mothers. Study concluded that pattern of delivery affects breastfeeding and that CD mothers need more support and help as compared to VD

mothers CD mothers were seen to need more support, particularly in positioning their babies for breastfeeding[22].

De silva WI (1998), A study was concluded on puerperal morbidity, a neglected area of maternal health in Srilanka to determine the prevalence of puerperal morbidity and the second was to identify characteristics of those with high level of morbidity. 600 mothers registered by the public health midwives were selected as study participants. Data were collected using structured questionnaire during the first week after the puerperium. Result showed that morbidity rate is much higher than the expected. Excessive bleeding from vagina by 40% of mother while minor symptoms breast engorgement and chills were expected by many mothers. 11% didn't reported with any signs and symptoms of ill health[23].

Kinlay J. R. (2001). They have identified several pre-natal and post-natal markers for increased risk of mastitis. The use of creams on nipples may introduce pathogens that cause mastitis and should be avoided. A method of prospective cobort study on risk factors for mastitis in breast feeding women was used. A questionnaire and telephone method follow up was used. 1075 brest feeding women were recruited sample was selected. The findings revealed mastitis occurred in 20% (95% CI 18.22%) of women during the first 6 months. Factors that were statistically significantly and independently related to mastitis were, past history of mastitis. (Ratio = 1.74, 1.07-2.81) university or college education (HR=1.44, 1.00-2.07) blocked duct (HR=2.43, 1.68-3.49) cracked nipples (HR=1.44,1.00-2.07) use of creams on nipples (HR=1.83, 1.22-2.73) particularly papaya cream (relative risk= 1.83, 1.36-2.47) and always starting with the alternate breast on consecutive feeds. (HR = 2.28, 1.50 – 3.44). They are concluded that women with a past history of mastitis had and increased risk of developing mastitis blocked ducts cracked nipples serve as warning signs for mastitis[24].

Fatherston C (1998), analyzed showed blocked duct(s) and increased levels of stress were the significant predictions for mastitis in mothers who had breast feed a previous infant and blocked duct(s), restriction from a tight bra attachment difficulties,

and nipple pain during a feed were the significant predicators for mastitis in first time breast feeding mothers. The research undertaken in this study a prospective cohort study on risk factors of mastitis among lacting women. A self-report questionnaire was used. Which was followed for the first three months post-partum women was selected for sample. They concluded that the possible risk factors were performed separately for mothers who had not breast feed previously and those mothers who had breast fed at least one infant prior to this lactation[25].

Ganguli G,Dhavan N, Mukherji K, Dayal M, Pandey RC(1999),A study was conducted at Swaroop Rani Nehru and Kamala Nehru memorial hospital Allahabad to know the complications associated with breast in the postnatal period and to promote early breast feeding and to teach advantages of demand feeding. The samples consisted of 600 postnatal mothers, the results of the study showed that 20% mothers had breast complications. 43.33% had breast engorgement, 15.83% had cracked nipples, 10% had retracted nipples, 8.33% had cracked and sore nipples.7.5% had cracked and retracted nipple, 7.5% had fail in lactation and 3.33% had breast abscess. Hence it is felt that to teach the postnatal mothers on prevention and management of breast complications helps for successful breast feeding[9].

Potter B (2005), identified the factors most likely to contribute to the risk of developing mastitis as incorrect positioning and incomplete emptying. In this study on women experiments of managing mastitis. Expressing by hand of pump, and hurried or in frequent feeding patterns, were also thought to be practices associated with mastitis. A interview method was used. In 56 women were recruited sample was selected. They considered that there practices were associated with social pressures such as the care of older children and support their theories and present opportunities to change and develop professional practices. The study concluded that respondent theories about causation illustrate the interactive nature or anatomical, physiological and social risk factors[26].

WHO Report (2000), Estimates of the global incidence of lactational mastitis very as low as 2% and up to 50%. Mastitis is an inflammation of the breast that is most commonly caused by milk stasis rather than infection. Non-infectious mastitis can usually be resolved without the use of antibiotics. However, put the World Health Organization document "without effective removal of milk, non-infectious mastitis was likely to progress to infectious mastitis, and infectious mastitis was likely to progress to infectious mastitis, and infectious mastitis to the information of an abscess. A recent study from Glasgow suggests and incidence of 18%. In approximately 3% of those with mastitis a breast abscess may result in complication[27].

2.1.2. Literature related to prevention of selected breast complications among LSCS primipara mothers:

Richard L (1998), A study was concluded in United States of find out women's experiences using a nipple shield. A retrospective telephone survey of 202 breastfeeding women was conducted over 8 months period of time. Result shows that women used shield because of 62% of flat nipples, 23% of sore nipples, 15% of engorgement, 46% of women gave more than one reason for using shield. 67% of women continued to breastfeed after transitioning off the nipple shield and 33% of women used nipple shield with every breastfeeding from first day to 15 days and 5% women used the shield on one side from 1st day to 9 months[28].

Smriti Arora, Manjuvastsa, Vastla Dadhwal (2005), A study was concluded in Sweden to investigate breastfeeding problems related to incorrect breastfeeding technique and the use of pacifiers and bottles. The sample consisted of 52 healthy mother infant pairs with breastfeeding problems. They were referred for observations of nursing behavior to a breastfeeding clinic from August 1987 to July 1989. The infants ranged in age from 1-17 weeks. Forty mother infant pairs with no breastfeeding problems provided a control group. The findings of the study showed that in most causes the nursing problems were related to incorrect sucking technique. The difference in technique of the study group compared with the control group was

significant (p=0.0001). Pacifier use was more common in conjunction with breastfeeding problems and in cases with a faulty superficial nipple-sucking technique. This study comments that contracting the sucking technique and avoiding use of pacifiers will prevent breast feeding problems and promote successful breastfeeding[29].

Goyal RC, Banginer AS, Ziyo F, Toweir AA (2011), An observational, descriptive, cross-sectional study was done at ALJamahiriya and ALFatech hospital in Benghazi, Libiya from November 2009-February 2010. The objective of the study was to assess the correct position, attachment and effective sucking in the breastfeeding of infants. One hundred ninety-two-mother-neonate units were observed for mother's and baby's position, attachment and effective sucking using WHO B-R-E-A-S-T Feed observation form. Grading of positioning, attachment and sucking was done according to the score of various characteristics. Results shows that there was poorer positioning among primipara and also poor attachment was also evident. Poor attachment was related to cracked nipples and mastitis. Study concluded that young primipara mothers were more in need of support and guidance for appropriate breastfeeding techniques[30].

Robert KL (1995), Adouble-blind experiment with pretest / posttest design study was conducted to assess the effect of cabbage leaf extract on breast engorgement. , 21 participants a cream containing cabbage leaf extract, while 18 received placebo cream. The two groups showing no difference on all outcome measures. Thus feeding had a greater effort than the application of cream on relieving discomfort and decreasing tissue hardness. It is therefore recommended that lactation consultant encourages mother to breast feeding if possible to relieve the discomfort of breast engorgement[31].

Nickson VC, Danziger D, Geblea N et al (1993), A randomized control trial was conducted to evaluate the effect of cabbage on mother's perception of breast engorgement and the influence of this treatment on breast feeding practices. The subject 120 breast feeding women 72 hours postpartum were randomly allocated to an experimental group who receive applications of cabbage leafs to their breast, or to

control group who receive routine care. Result showed that at 6 weeks women who receive the cabbage leaf application were more likely to be breast feeding exclusively. 76 and 58% (35/46 vs 29/50), (p=0.09) and their mean duration of exclusive breast feeding was longer (36 vs 30 days, p=0.04)[32].

Robson, Beverly Anne (1990), A study was conducted to investigate the effectiveness of cold compress to the engorged breast of breastfeeding mothers. By using convenience sampling technique 88 mothers were selected. 44 patients were treated with cold packs. Mother in control group followed routine hospital procedure. Result showed that mother who was the cold packs experienced significantly less pain and significantly fewer sign and symptoms of breast engorgement at the end of the day than mothers who did not wear the cold packs[33].

Amir LH, Forster DA, Lumley J, McLachlan H (2007), A descriptive study was conducted among 1193 Australian breast feeding women to find out the incidence and determinants. Data from two studies (a randomized controlled trial and a survey) have been combined. The 6 months telephone interview was done. Study revealed that 53% of mastitis occurred in the first 4 weeks of postpartum. Study concluded that the prevention and improved management of nipple damage could potentially reduce the damage risk of lactating women developing mastitis[34].

Amir LH, Garland SM, Lumley J (2006), An experimental study was conducted on a case-control study of mastitis, nasal carriage of staphylococcus aureus. The result shows that there is no association between maternal nasal carriage of staphylococcus aureus and mastitis, but nasal carriage in the infant was associated with breast infections. As in other studies of mastitis, we found a strong association between nipple damage and mastitis. Prevention of nipple damage is likely to reduce the incidence of infectious mastitis. Mothers need good advice about optimal attachment of the baby to the breast and access to skilled help in the early postpartum days and weeks[36].

Righard L (1998), A study was conducted in 1998 to investigate breastfeeding problems related to incorrect breastfeeding technique and the use of pacifiers and bottles in Sweden. The sample consisted of 52 healthy mother infant pairs with breastfeeding problems. They were referred for observation of nursing behavior to a breastfeeding clinic from August 1987 to July 1989. The infants ranged in age from 1 - 17 weeks. Forty mother-infant pairs with no breastfeeding problems provided a control group. The findings of the study showed that in most cases the nursing problems were related to incorrect sucking technique. The difference in technique of the study group compared with the control group was significant (p=0.0001). Pacifier use was more common in conjunction with breastfeeding problems and in problems and in cases with a faculty superficial nipple-sucking technique. This study comments that correcting the sucking technique and avoiding use of pacifiers will prevent breast feeding problems and promote successful breastfeeding[37].

Centuori L et al (1999), A randomized trial was conducted in 1999 on nipple care, sore nipples and breastfeeding in Italy. The sample consisted of eligible mothers. The incidence of sore and cracked nipples was compared between mothers given routine nipple care, including an ointment(control group) and the mothers who were instructed to avoid the use of nipple creams(intervention group). Breastfeeding duration was also compared between the two groups. No difference was found between the intervention (n=123) and control group (n=96) in the incidence of sore nipples and breastfeeding duration. The use of a pacifier and of a feeding bottle in the hospital were both associated with sore nipples at discharge (p=0.02 and p=0.03 respectively). Breastfeeding up to 4 months was significantly associated with the following early practices, breastfeeding on demand, rooming in at least 20 hrs/day and non-use of pacifier. The researcher suggests that interventions such as providing and latching may be effective in reducing nipple problems[38].

Blair A, Cadwell K, Turner MC, BrimdyrK (2003), A study was conducted in2003 to examine the relationship between various factors (positioning the baby at the

breast, breastfeeding dynamic and the latching process) using a guided assessment and the documentation tool and the breastfeeding mothers level of reported pain on a 5 point verbal descriptor scale in USA. The sample consisted of 95 healthy postpartum breastfeeding mothers who sequentially reported sore nipples within 10 days of giving birth. Each mothers midwife observed, assessed and documented a breastfeeding using the lactation assessment tool (LAT). Four attribute categories were scored and examined as related to the pain levels of the mother, the baby's face position, the baby's body position, the breastfeeding dynamic and the latching process of the baby. No significant difference was found between the mother's level of reported pain and the assessed head position, body position or breastfeeding dynamic attributes of the baby. However, more optimal latching process behaviour of the baby are slightly related to lower levels of reported pain(r=88, p=0.05). The researcher suggests that assessment of the breastfeeding should be comprehensive and should begin before the infant is at breast[39].

Cadwell K, Turner MC, Blair A, Brimdyr K, Maja MZ (2004), A study was conducted in2004 on pain reduction and treatment of sore nipples in nursing mothers in Massachusetts. The sample consisted of 94 breastfeeding women with sore nipples. They randomized these women into 3 treatment groups. Midwives assessed the participants breastfeeding practices using a lactation Assessment tool (LAT). In addition 2 groups were asked to use commercial products on their breasts and nipples. Breast shells and Lanoline cream for one group and glycerine gel therapy for others. Analysis of the variance (using Fisher Exact test) determined that no significant differences existed between the groups, F(2, 86)=1.34, p=0.05). The result of this study indicate that perinatal education for nursing mothers with sore nipples should include assessment of breastfeeding positioning and latch-on, as well as education and corrective intervention using a guidance tool[40].

Kinley (2001), mastitis is one of the most common problems experienced by women who are giving breast feeding. Mastitis is an inflammation of breast tissue

which may or may not result from infection. A descriptive study of mastitis in Australia breastfeeding women was taken. A telephone method was used, 1193 womens were selected. Their findings revealed that breastfeeding rates at 6 month back 77% in family birth centre, 66% in Frances parry house and 53% in attachment to the breast and family attitude to the breastfeeding. 17% (N=206) of women experienced Mastitis family birth center and Frances perry house women were more likely to develop mastitis (23% & 24%) then women in ABFAB (15%) adjusted odds ratio~1.9. Most episodes occurred in the first 4 weeks postpartum 53% (194/365). Nipple damage was also associated with mastitis (Adj or 1.7, 95%CI 1.14, 2.56). We found no association between breast feeding and mastitis. They are concluded that the prevention and improved management of nipple damage could potentially reduce the risk of lactating women developing Mastitis[41].

Nirmala kesaree et al (2011), A study was conducted in which seven mothers who had inverted nipples were helped to breastfeed their infants with the assistance of a simple device made from a 10ml disposable syringe. The women were able to breastfeed successfully within one week. On follow-up these mothers were able to sustain adequate breastfeeding[42].

Kamalendu Chakrabarti, Subhra Basu (2011), A study was conducted which consisted of typing a rubber band around the base of the nipple, with the help of a syringe applicator. This method was tested on 19 mothers with flat, inverted or otherwise deformed nipple. Latex rubber cut from condom rims were used in this study. The band had to be worn only during feeding. Mothers were instructed to use the method at home and attend follow-up on 3, 7 & day 28. Result shown that 63% of mothers achieved latching at the breast with good attachment within 3 days and all did by the end of the month. Study concluded that this simple method may be a good bedside solution for flat/retracted nipples[43].

Gillian Arsenault (2006), A small study of eight mothers of infants admitted in hospital in India with failure to thrive due to inability to latch on to inverted nipples

found that seven of eight infants were able to return to age-appropriate breastfeeding. Author concluded that the modified syringe technique is simple, inexpensive and easily learned by mothers[44].

2.1.3. Literature related to management of selected breast complications among LSCS primipara mothers:

Smriti Arora (2003), A study was conducted at All India Institute of Medical Sciences [AIIMS] to assess the effect of cold cabbage leaves and hot and cold compress in the postnatal ward. The study comprised of 60 mothers, 30 in the experimental group and 30 in the control group. The control group received alternate hot and cold compress and the experimental group received cold cabbage leaf treatment for relieving breast engorgement. Result showed that both the treatment were effective in decreasing breast engorgement and the pain in postnatal mothers. Cold cabbage leaves and hot and cold compress were found to be more effective than cold cabbage leaves in relieving pain due to breast engorgement in postnatal mothers[45].

StorrGB (1998) A study was conducted to identify an effective preparation, method for breast feeding and to develop measurement tools for nipple tenderness and the breast engorgement, for use in clinical setting. 25 subjects served as their own control by preparing one nipple and massaging, one breast either right or left but not the others breast or nipple. Nipple tenderness and engorgement were recorded on "Five-point Scale". Analysis of data revealed that tenderness and engorgement were decrease in the prepared and massage breast[46].

Pugh LC, Buchko BL, Bishop BA, Smith LR et al (1996), A study was conducted on comparsion of topical agents to relieve nipple pain and enhance breast feeding. The study examines the effectiveness of three topical agents- USP Modified Lanolin, warm water compress and express breast milk. 177 breastfeeding primiparous mothers were randomly assigned to 1 to 4 groups. All women receive education about the breastfeeding technique. Numeric rating scale was used to discriminate level of pain intensity, pain effect and strength of suckling in day 1. Participants were

interviewed by telephone on postpartum day 4, 7 and 14 and during 6 weeks using the same scale. Result showed that a logistic regression which indicates the older mothers and those who were exclusively breast feeding was most likely to be breast feeding 6 weeks postpartum. Raw scores supported to use of warm compress[47].

Snowden HM, Penfew MJ, Woolridge (2008), A study was conducted to determine the effect of any proposed intervention to relieve symptoms of breast engorgement among breast feeding women. Result showed 8 trials, involving 424 women were included. 3 different studies were identified which used cabbage leaf or cabbage leaves extract no overall benefit were found. Ultrasound treatment and placebo were equally effective,use of dazen (an anti-inflammatory drug) significantly improved that symptoms of engorgement when compared to placebo(odds ratio OR 3.6, 9.5% confidence interval (CI 1.3-10.3) and Bromocriptin/trypsin complex (OR 8.02, 95%, CI=28-23.3) oxytocin cold packs had no demonstrable effect on engorgement symptoms[48].

Lavergne NA(1997), A randomized trail study was conducted to evaluate the effectiveness of water verses tea bag compress in the treatment of sore nipple during breastfeeding.Among 65primiparous with the sore nipple who are breast feeding after vaginal delivery at 37 or more week of gestation, who are 36 hours or less postpartum and had combined mother-infant care were selected. Participants were assigned randomly to on of the six treatment groups with one of the three regimens (tea bag compress, water compress or no compress) randomly assigned to right on left side. Participants applied the treatment four times a day, from day 1 to 15 postpartum. Result showed that the tea bag and water compress were more effective than no treatment, with no statistically different between two type of compress[49].

Bucko BL, Pugh LL, Bishop BA et al (1994), A study was conducted to examine the various comfort measures to evaluate their effect in alleviating soreness. The women were randomly assigned to 4 groups with all receiving instructions about breast feeding and using one of the following treatments. Warm moist tea bag

compress, warm water compress, expressed milk massaged into the nipple & areola and air dried. Each completed a questionnaire each morning for seven days on nipple soreness to assess the effect of treatment on postpartum nipple pain. A randomized sampling technique has been used for the study and 73 breast feeding postpartum primiparous women selected. Experimental were used any one of the comfort measures, instruction only for control group. Result showed that subject in the warm water compress group demonstrated significantly less pain in day 3 than did the tea or breast milk group. The authors hold that obstetric nurse might anticipate the potential for women in such circumstances to experience less pain and can recommend this non-therapeutic approach[50].

Spencer JP (2008), A descriptive study was conducted on management of mastitis in breast feeding women. The result shows that continued breast feeding should be encouraged in the presence of mastitis and generally does not post a risk to the infant. Breast abscess is the most common complication of mastitis. It can be prevented by early treatment of mastitis and continued breastfeeding. Once an abscess occurs, surgical drainage or needle aspiration is needed. Breastfeeding can usually continue in the presence of a treated abscess[51].

Philip AM (1998), A comparative study was conducted in 1999 to determine the effectiveness of planned teaching programme on breast care during postnatal period for primigravida and primiparous women in selected hospital in Mangalore. The samples consisted of 20 primigravida and primiparous women. Analysis of the data revealed that there was no significant difference between the pre-test knowledge scores of primigravida and primiparous women (11.40 and 10 respectively). Planned teaching programme is an effective strategy for health teaching[52].

Subbiah, Nanthini (2003), A descriptive study was conducted to assess the knowledge, attitude, practice and problems of postnatal mothers regarding breastfeeding. The study revealed that 65 of the population knew how to prevent breast engorgement. 56 of the population remarked that frequent sucking is essential to

prevent breast engorgement. Multipara mothers (57) had more knowledge when compared with primi-para mothers(8). Regarding treatment of breast engorgement, 76 of the population knew the measures to get relief from the breast engorgement. 59 of the population opined that the manual expression of the breast milk will relieve breast engorgement. 12 of the population said that hot water fomentation will relieve breast engorgement. 34 of the population had correct attitude of giving breast milk to the premature child. There is significantly difference in the attitude between (6) primi and (13) multipara mothers living in the nuclear family set up on this aspect of breastfeeding[53].

Roberts KL, Reiter M&Schuster D (1995), A study compared the effectiveness of chilled and room temperature green cabbage leaves in reducing the discomfort of breast engorgement in postpartum mothers. 28 lactating women with breast engorgement used chilled cabbage leaves on one breast and room temperature cabbage leaves on the other. It was found that room temperature cabbage leaves and the chilled cabbage leaves haf the same effects on relieving breast engorgement[54].

Brent N, Rudy SJ, ReddB, Rudy TE, Roth LA (2004), A randomized controlled trial was conducted in mercy hospital of Pittsburgh USA 2004 to compare the effectiveness of using breast shells with lanolin and hydrogel moist wound dressing in preventing sore nipples in women who breastfeed. Researchers compared both treatments in a study of 42 breastfeeding women. Results revealed that both treatments were effective, but breast shells and Lanolin were more effective than the wound dressing. Women using the dressings were more likely to develop nipple infections. Study concluded that prevention of sore nipples by teaching proper technique on the initiation of breast feeding should be instituted.. Lanolin and shells should remain first-line theraphy[55].

Tancher S, Vulkova S (2004), An experimental study was conducted in America to formulate a peppermint gel and to evaluate its effect on the prevention of nipple crack associated with breast-feeding a randomized double clinical trial comparing the

above formulation with modified lanolin and a natural ointment was carried out among 216 primiparous participants. Each group consisted of 72 primiparous mothers and was seen for a maximum of four follow-up visits within 14 days and afinal visit at week six. The rate of nipple and areola crack and pain was evaluated. The study groups were comparable in mean age and route of delivery. Nipple crack were less in mothers who received peppermint gel than in those who received lanolin ointment or placebo (x^2=16.8, DF=6, p=0.01). Relative risk of nipple crack in the lanolin group (RR:2.41, 95% CI: 1.20 – 3.01) was higher than in the peppermint group[56].

2.2. Conceptual framework

Modified Ernestine Wiedenbach helping art theory (1964)

The conceptual frameworks are global ideas about the concept in relation to a specific discipline conceptual model are made up of concept which describe the mental images of a phenomena and integrate them into a meaningful configuration. It is a visual diagram by which the researcher explains the specific area of interest.

The investigator adopted **Ernestine Wiedenbach helping art theory** to help the present study because the midwife can use this theory model for postnatal mothers. Wiedenbach conceptual model elaborately explained in means element that is identification of the patient's need for help, ministration of the needed and validation of that help.

Ernestine wiedenbach is a nurse theorist who qualified as a nurse midwife. Wiedbenbach is considered to have developed her theory inductively from experience and observation of practice. This broad conceptual model encompasses five elements are interpreted in this study as follows.

The agent: The investigator

The recipient: LSCS primipara mothers

The goal: Prevention and management of selected breast complications

The frame work: Institute of obstetrics and gynecology, Egmore. Nursing practice has 3 components

Identification:

The investigator included subjects has LSCS primipara mothers of institute of obstetrics and gynecology, Egmore. The LSCS primipara mothers need for help are assessed in the identification phase. The LSCS primipara mothers are in need of getting information regarding prevention and management of selected breast complications. Hence, they have a lot of factors which is affecting that they are Age, Educational status, Religion, Type of family, Occupation, place of residence, Dietary habits, information regarding selected breast complications, prevention and management of selected breast complications and source of information.

Ministration:

It refers to the action needed to accomplish the desired task. In this study structured teaching programme is the intervention was given to LSCS primipara mothers. Both control and experimental group were assessed by using structured knowledge questionnaire.

Validation:

Validation phase has been done after the intervention. The effect of structured teaching programme was assessed in terms of gain in knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers.

The investigator found that structured teaching programme was effective in terms of gain of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers

CHAPTER – III

METHODOLOGY

This chapter deals with the research approach, research design, study setting, sample, sample size and sampling technique, data collection method, development and description of tool, data collection procedure and plan for data analysis based on the statement of the study.

3.1. Research approach

Quantitative research approach

3.2. Research design

An experimental design (quasi – experimental design) is mentioned below:-

Group	**Pre-test Day - 1**	**Intervention**	**Post test Day - 8**
LSCS primi mothers inexperimental group (30)	O1	X	O2
LSCS primi mothers in control group (30)	O1	_	O2

Table.3. 1. Schematic representation of quasi experimental design Key

O1 – assessing the existing knowledge regarding prevention and management of selected breast complications.

X – Structured teaching programme regarding prevention and management of selected breast complications.

O2 – Assessing the post test knowledge regarding prevention and management of selected breast complications

3.3. Study setting:

The study was conducted in post operative ward at Institute of Obstetrics and Gynecology, Egmore, Chennai-08. The Institute was unveiled on 26th July 1844 for public service. It is a 1075 bedded maternity hospital, tertiary care center and referral center. The hospital is renowned for its excellence in medical experts, nursing care and quality diagnostic services. All facilities are provided for conducting normal, high risk and instrumental deliveries. IOG has departments like neonatal intensive care unit, family planning services, oncology department, endocrinology, human milk bank and genetic department which are rendering comprehensive care for entire Tamilnadu and neighbouring states like Andhra Pradesh also.

3.4. Duration of the study

Four weeks (20.11.2016 to 18.12.2016)

3.5. Study population:

The target population consists of LSCSprimi mothers admitted in postoperative wards at Institute of obstetrics and gynecology, Egmore, Chennai.

3.5.1. General population: LSCS Primipara mothers admitted at postoperative ward

3.5.2. Target population: LSCS Primipara mothers in first week of puerperium.

3.5.3. Accessible population: LSCS Primipara mothers in first week of puerperium, who are available during the period of data collection.

3.6. Sample

Sample consists of LSCS primipara mothers who were admitted in postoperative ward who fulfil the inclusive criteria.

3.7. Sample size

The sample comprise of 60 LSCS primi mothers, out of which 30 of them were in experimental group and 30 LSCS primi mothers in control group.

3.8. Sampling criterion

3.8.1. Inclusion criteria: LSCS primipara mothers

i) Who are within one week of pueperium period

ii) Available at the time of data collection in the LSCS ward

iii) Who can read & write Tamil

3.8.2. Exclusive criteria: LSCS primipara mothers

i) Who are not willing to participate in the study

ii) Who are having other complications like postnatal psychosis, postpartum hemorrhage.

3.9. Sampling technique

The sampling technique used for this study was non-probability convenient sampling technique. During the data collection period approximately 3-5 mothers per day were admitted in the postoperative ward. First two weeks selected for experimental group and the second two weeks selected for control group. The researcher visited the postoperative ward and enquired postoperative ward staff and verified with the admission register every day for new cases of LSCS primipara mothers. Convenient sampling technique were used to draw the samples and LSCS primipara mothers who fulfilled the inclusion criteria were included in this study. Totally 60 LSCS primipara mothers were selected. Out of 60 LSCS primipara mothers 30 of them were in experimental group and 30 of them in control group.

3.10. Research variables:

The variables mainly included in this study are independent and dependent variable. Dependent variable explains the effect of independent variable.

3.10.1. Dependent variable:

Knowledge of LSCS primipara mothers regarding prevention and management of selected breast complications

3.10.2. Independent variable:

Structured teaching programme regarding prevention and management of selected breast complications

3.11. Development and description of the tool

3.11.1. Development of the tool

Data collection tool was developed by the researcher on the basis of objectives of the study. After extensive review of literature, internet search and expert opinion helped the investigator to select the suitable tool to assess the level of knowledge among LSCS primipara mothers. The tool has two sections Part I, Part II.

Process of development of the tool

A structured knowledge questionnaire was developed by the investigator for assessing the knowledge of LSCS primipara mothers regarding the prevention and management of selected breast complications. For the development of the tool, research and non-research literature was reviewed and suggestions of experts and present statistics were taken to determine the areas to be included.

The following steps were undertaken to prepare the final tool:

- Preparation of the blueprint
- Development of the tool
- Content validity of the tool

- Pre-testing the tool
- Reliability of the tool
- Development of the final draft of the tool

1. Preparation of the blueprint

The investigator prepared a blueprint before constructing the questions. The items were distributed according to the content areas in 3 domains such as

- Knowledge regarding breastfeeding.
- Knowledge regarding breast complications.
- Knowledge regarding prevention and management of selected breast complications.

2. Development of the tool

The tool was developed with two parts:

Part I: Socio Demographic Data

The socio demographic data was prepared with 10 items to collect the personal information of the subjects.

Part II: Structured Knowledge Questionnaire

The structured knowledge questionnaire was prepared with 36 questions divided into three sections.

Section A: Knowledge questionnaire regarding breast feeding

Section B: Knowledge questionnaire regarding breast complications

Section C: Knowledge questionnaire regarding prevention and management of selected breast complications

3.11.2. Description of the tool

The tool consisted of two parts:

Part I: Socio Demographic data

Part II: Structured knowledge questionnaire

Part I: Socio demographic data

Socio demographic variable consists of 10 items which includes age, religion, type of family, education status, place of residence, occupation, dietary habits, any information regarding selected breast complications, information regarding prevention and management of selected breast complications, source of information.

Part II: Structured knowledge questionnaire

This part of the tool consisted of 36 items in 3 sections

The sections were:

Section – A: Knowledge questionnaire regarding breast feeding

Section – B: Knowledge questionnaire regarding breast complications

Section – C: Knowledge questionnaire regarding prevention and management of selected breast complications

3.11.3. Scoring Procedure

Each correct answer scored as 1 and remaining scored as 0

Scoring key for the knowledge

Level of knowledge		**Score**
Inadequate	-	<40%
Moderately	-	40-60%
Adequate	-	>60%

DEVELOPMENT OF THE INTERVENTION

The researcher developed the structured teaching programme in a lesson plan method regarding prevention and management of selected breast complications with

the consultation of various subject experts. The content in structured teaching programme which includes:

- General concept of breast feeding
- Advantages of breast feeding
- Enlisting breast complications
- Prevention and management of breast engorgement
- Prevention and management of inverted nipple
- Prevention and management of nipple soreness
- Prevention and management of mastitis

3.12. Content validity of the tool

- The prepared data collection tool, along with the problem statement, objectives,
- Hypothesis, operational definitions and blue print designed for validation were submitted to experts.
- The experts were requested to give their opinion and suggestion regarding the relevance, adequacy and appropriateness of items in the tool.
- The modifications were made in the tool as per the validators suggestions.

3.13. Protection of human subjects

1. By submitting the study proposal, permission was obtained from the Institutional ethics committee thus, the investigator followed the ethical guidelines which were issued by the institutional ethics committee. Written consent was obtained from all participants. Throughout the period of the study the respect of patient and the family members was maintained

3.14. Reliability

After construction of questionnaire for the study on " A Study to evaluate the effectiveness of Structured teaching programme on knowledge regarding prevention

and management of selected breast complications among LSCS primipara mothers in institute of obstetrics and gynecology, Egmore", it was tested for its validity and reliability. The reliability obtained was **0.86** which proved the effectiveness and efficiency of the tool.

Validity of the tool was assessed using content validity. Content validity was determined by experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for evaluate the effectiveness of structured teaching programme on knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in institute of obstetrics and gynecology, Egmore.

3.15. Pilot study

Pilot study is a small scale version or trial run of the major study. Pilot study can be undertaken to assess the feasibility in conducting the main study and to obtain information for improving the project.

The pilot study was conducted by selecting 6 LSCS primipara mothers who were not participated in the main study. After explaining the purposes of the study, the knowledge of the studies was assessed by using a structured questionnaire with the socio demographic variable. After pre test the structured teaching programme was given to experimental group LSCS primipara mothers regarding the prevention and management of selected breast complications. After a week post test was conducted using the same tool to assess the effectiveness of structured teaching programme. The data collected during pre-test and post-test were coded numerically, and tabulated. A concise analysis was done using the statistics.

3.16. Data collection procedure

Written permission was taken from the hospital authorities for conducting study and with the co-operation of hospital staff and the feasibility of conducting study was assured. Data collection started from 20.11.2016 to 18.12.2017. The investigator

established good rapport with the LSCS primi para mothers at Institute of obstetrics and gynecology, Egmore, Chennai and took consent from each mother to participate in the study and collected socio-demographic data. Pre test was conducted regarding the prevention and management of selected breast complications for both experimental and control group. The STP was given soon after pre test for experimental group.

No intervention was given to control group. The subjects were eagar to know and took active participation in asking question seeking clarification. Post test was done on 7th day of STP to both the group.

3.17. Intervention Protocol

	Experimental group	**Control group**
Place	Post operative ward	post operative ward
Intervention	Structured teaching programme	Structured teaching programme
Administrator	Investigator	Routine hospital care provider
Recipient	LSCS primipara mother	LSCS primipara mother

3.18. Data entry and Analysis

In order to achieve the stated objectives of the study, the data obtained from the subjects were coded numerically and tabulated. After tabulation and coding, enter the data into a spread sheet by the keyboard, the collected data was analyzed with the descriptive and inferential statistics like student independent‘t’ test were used to test the hypothesis. The chi-square test was used to find out the association between demographic variables with knowledge scores.

CHAPTER- IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collection from 60 mothers "To evaluate the effectiveness of STP on knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in Institute of obstetrics and Gynecology, Egmore".

The study aimed to evaluate the effectiveness of STP on knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers. The data was collected from 60 samples (30 experimental and 30 control). The findings were tabulated and interpreted in this chapter. The data were analyzed by using descriptive and inferential statistics. The data was analyzed based on the objectives formulated by the researcher. The analyzed data were tabulated under the sections given below.

Organization of the data

Section-I

Description of demograpjic profile of LSCS primipara mothers in experimental and control group.

Section –II

Data on pre assessment of level of knowledge regarding prevention and management of breast complications among LSCS mothers in experimental and control group.

Data on post assessment of level of knowledge regarding prevention and management of breast complications among LSCS mothers in experimental and control group.

Section –III

Data on comparison of the pre assessment and post assessment on level of knowledge regarding prevention and management of breast complications among LSCS mothers in experimental and control group.

Section-IV

Effectiveness of STP on prevention and management of breast complications among LSCS primipara mothers between the control and experimental group.

Section-V

Data on association of the effectiveness of STP with the selected demographical variables.

Statistical analysis

1.Demographic variables in categorical/dichotomous were given in frequencies with their percentages.

2.Level of knowledge on prevention and management of breast complications were given in frequencies with their percentages in control and experimental group.

3.Effectiveness of STP on prevention and management of breast complications. It was assessed using mean and SD with 95% confidence interval and $P<0.05$ was considered statistically significant.

4. Comparison between control and experimental by using paired t-test.

5.Association between level of knowledge on prevention and management of breast complications score between demographic variables were analyzed using chi-square test.

SECTION-I: This section describes the description of variables of LSCS primipara mothers in experimental and control group.

Table 4.2: Distribution of the Demographic variables of LSCS primipara mother

Demographic variables		Group				Chi square test
		Experiment(n=30)		Control(n=30)		
		n	%	n	%	
Age	18 -20 years	3	10.0%	5	16.7%	$\chi 2$=0.58 P=0.89
	21 -25 years	15	50.0%	14	46.6%	DF=2 NS
	26 -30 years	10	33.3%	9	30.0%	
	> 30 years	2	6.7%	2	6.7%	
Religion	Hindu	21	70.0%	23	76.7%	$\chi 2$=0.42 P=0.81
	Christian	7	23.3%	5	16.6%	DF=2 NS
	Muslim	2	6.7%	2	6.7%	
Type of family	Nuclear family	15	50.0%	14	46.7%	$\chi 2$=0.38P=0.82
	Joint family	12	40.0%	14	46.7%	DF=2 NS
	Extended family	3	10.0%	2	6.6%	
Education status	Primary	9	30.0%	5	16.7%	$\chi 2$=2.54 P=0.28
	Secondary	15	50.0%	21	70.0%	DF=2 NS
	College	6	20.0%	4	13.3%	
Occupation	Private employee	5	16.7%	1	3.3%	$\chi 2$=4.11 P=0.25 DF=2 NS
	Government employee	1	3.3%	1	3.3%	
	Self/ Business	4	13.3%	2	6.7%	
	Housewife	20	66.7%	26	86.7%	
Dietary habits	Vegetarian	2	6.7%	5	16.7%	$\chi 2$=1.45 P=0.22
	Non Vegetarian	28	93.3%	25	83.3%	DF=2 NS
Place of residence	Rural	3	10.0%	2	6.7%	$\chi 2$=0.22
	Urban	27	90.0%	28	93.3%	P=0.64DF=2 NS
Previous knowledge regarding breast complication	Yes	6	20.0%	2	6.7%	$\chi 2$=2.30 P=0.12 DF=2 NS
	No	24	80.0%	28	93.3%	
previous knowledge Prevention and management	Yes	6	20.0%	3	10.0%	$\chi 2$=1.17 P=0.28 DF=2 NS
	No	24	80.0%	27	90.0%	
Source of information	Family members	6	100.0%	4	100.0%	$\chi 2$=0.00 P=1.00 DF=2 NS
	Health professionals	0	0.0%	0.0%	0.0%	
	Mass media	0	0.0%	0.0%	0.0%	
	Not appicable	0	0.0%	0.0%	0.0%	

NS= not significant DF= Degrees of Freedom P>0.05 not significant

Table.4.2. shows the demographic information of LSCSprimi para mothers those who are participated for the following study on " A Study to evaluate the effectiveness of Structured teaching programme on knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in institute of obstetrics and gynecology, Egmore." Homogenity of distribution of demographic information between experiment and control group was calculated using chi square test.

Table shows that, with regard to **age**, majority of LSCS primipara mothers (50%) in experimental group and in control group (46.6%) were in the age group between 21-25 yrs.

Regarding **religion**, majority of the LSCS primipara mothers (70%) in the experimental and in the control group (76.7%) were Hindus.

With regard to **type of family**, in experimental group majority of the LSCS primipara mothers (50%) were in nuclear family and in control group, majority of the LSCS primipara mothers (46.7%) were living in nuclear family and (46.7%) were in joint family.

Regarding **educational status**, majority of the LSCS primipara mothers (50%) and in the control group (70%) were completed their secondary school education.

About **occupation**, majority of the LSCS primipara mothers (66.7%) in the experimental and in the control group (86.7%) were housewives

In terms of **dietery habits**, majority of the LSCS primipara mothers (93.3%) in the experimental and in the control group (83.3%) were having non-vegetarian diet habits.

With regard to place of **residence**, in experimental group majority of the LSCS primipara mothers (90%) and (93.3%) in control group resides in urban area.

In term of their **previous knowledge regarding breast complications**, in experimental group (80%) and in control group (93.3%) were not having the knowledge.

In views of previous knowledge regarding **prevention and management of breast complications**, majority of LSCS primipara mothers (80%) in experimental and in control group (90%) were not having the knowledge.

In presence of previous knowledge about prevention of breast complications **information,** majority in experimental group (100%) and (100%) in control group got the information from family members.

Table 4.3.: DOMAINWISE PRETEST PERCENTAGE OF KNOWLEDGE SCORE

	Domains	Maximum score	Group			
			Experiment		Control	
			Mean	%	Mean	%
1	Knowledge regarding breast feeding	5	2.33	46.6%	2.30	46.0%
2	Knowledge regarding breast complications	4	1.83	45.8%	1.77	44.3%
3	Breast engorgement	6	2.07	34.5%	2.00	33.3%
4	Invertednipple	7	2.30	32.9%	2.23	31.9%
5	Nipplesoreness	5	1.97	39.4%	1.83	36.6%
6	Mastitis	9	3.10	34.4%	3.03	33.7%
	Total	36	13.60	37.8%	13.17	36.6%

Table 4.3. shows that assess the pretest percentage of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group. Experiment group women are having 37.8% of knowledge score and control group women are having 36.6% knowledge score.

TABLE 4.4. : DOMAINWISE PRETEST MEAN KNOWLEDGE SCORE

	Domains	Group				Mean difference	Student independent t-test
		Experiment (n=30)		Control (n=30)			
		Mean	%	Mean	%		
1	Knowledge regarding breast feeding	2.33	.96	2.30	1.64	0.03	t=0.10 P=0.92 NS
2	Knowledge regarding breast complications	1.83	.91	1.77	.94	0.06	t=0.27 P=0.98 NS
3	Breast engorgement	2.07	1.26	2.00	1.51	0.07	t=0.18 P=0.85 NS
4	Invertednipple	2.30	.95	2.23	1.70	0.07	t=0.18 P=0.85 NS
5	Nipplesoreness	1.97	1.03	1.83	1.74	0.06	t=0.36 P=0.72 NS
6	Mastitis	3.10	1.67	3.03	1.52	0.07	t=0.16 P=0.87 NS
	Total	13.60	2.91	13.17	4.20	0.43	t=0.46 P=0.64 NS

Not significant P> 0.05 NS= not significant

Table 4.4. Shows Each domain wise pre-test knowledge score between experimental and control group among primipara mothers.

Considering **Knowledge regarding breast feeding** domain, among experiment, pretest knowledge score is 2.33 and in control group it is 2.30, so the difference is 0.03. This difference is small and it is not statistically significant.

Considering **Knowledge regarding breast complications** domain, among experiment, pretest knowledge score is 1.83 and in control group it is 1.77, so the difference is 0.06. This difference is small and it is not statistically significant

Considering **Breast engorgement** domain, among experiment, pretest knowledge score is 2.07 and in control group it is 2.00, so the difference is 0.07. This difference is small and it is not statistically significant.

Considering **Invertednipple** domain, among experiment, pretest knowledge score is 2.30 and in control group it is 2.23, so the difference is 0.07. This difference is small and it is not statistically significant.

Considering **Nipplesoreness** domain, among experiment, pretest knowledge score is 1.97 and in control group it is 1.83, so the difference is 0.06. This difference is small and it is not statistically significant.

Considering **Mastitis** domain, among experiment, pretest knowledge score is 3.10 and in control group it is 3.03, so the difference is 0.07. This difference is small and it is not statistically significant.

Considering **Overall score**, among experiment, pretest knowledge score is 13.60 and in control group it is 13.17, so the difference is 0.43. This difference is small and it is not statistically significant.

Statistically there is no significant difference between experiment and control group. It was calculated using Student independent t-test.

Table 4.5.: PRETEST LEVEL OF KNOWLEDGE SCORE

Level of knowledge		Group				
		Experiment		Control		
		n	%	N	%	Chi square test
	Inadequate	25	83.3%	26	86.7%	$\chi 2=0.13$
	Moderate	5	16.7%	4	13.3%	P=0.72
	Adequate	0	0.0%	0	0.0%	DF=1
	Total	30	100.0%	30	100.0%	Not significant

P>0.05 not significant DF= Degrees of freedom

Table 4.5. Shows that Experiment group primipara mothers are having 83.3% inadequate level of knowledge, 16.7% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. Control group primipara mothers are having 86.7% inadequate level of knowledge, 13.3% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. There is no statistically significant difference between experiment and control group married women level of knowledge score. Statistical significance was calculated using chi square test.

Knowledge Score Interpretation

Max=1 Min=0 Total questions=36 Total score =36

Score	%	
0-18	0 -50%	Inadequate
19-27	51%-75%	Moderately adequate
28-36	6% -100%	Adequate

Table 4.6.: DOMAINWISE POSTTEST PERCENTAGE OF KNOWLEDGE SCORE

S. No	Domains	Maximum score	Group			
			Experiment		Control	
			Mean	%	Mean	%
1	Knowledge regarding breast feeding	5	4.17	83.4%	2.43	48.6%
2	Knowledge regarding breast complications	4	3.30	82.5%	1.87	46.8%
3	Breast engorgement	6	4.93	82.2%	2.13	35.5%
4	Invertednipple	7	5.53	79.0%	2.40	34.3%
5	Nipplesoreness	5	4.13	82.6%	2.00	40.0%
6	Mastitis	9	7.00	77.8%	3.07	34.1%
	Total	36	29.07	80.8%	13.90	38.6%

Table 4.6. Shows that the posttest percentage of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group. Experiment group married women are having 80.8% of knowledge score and control group married women are having 38.6% knowledge score.

TABLE 4.7.: EACH DOMAINWISE POSTTEST MEANKNOWLEDGE SCORE

S. No	Domains	Group				Mean difference	Student independent t-test
		Experiment(n=30)		Control(n=30)			
		Mean	%	Mean	%		
1	Knowledge regarding breast feeding	4.17	1.32	2.43	1.61	1.73	t=4.56P=0.001*** S
2	Knowledge regarding breast complications	3.30	.79	1.87	1.01	1.43	t=6.11P=0.001*** S
3	Breast engorgement	4.93	1.64	2.13	1.48	2.80	t=6.94P=0.001*** S
4	Invertednipple	5.53	1.66	2.40	1.59	3.13	t=7.48P=0.001*** S
5	Nipplesoreness	4.13	1.48	2.00	1.68	2.13	t=5.21P=0.001*** S
6	Mastitis	7.00	1.78	3.07	1.48	3.93	t=9.29P=0.001*** S
	Total	29.07	5.21	13.90	4.11	15.17	t=12.51P=0.001*** S

*** P< 0.001 very high significant S= significant

Each domain wise post-test knowledge score between experimental and control group among primipara mothers.

Considering **Knowledge regarding breast feeding** domain, among experiment, posttest knowledge score is 4.17 and in control group it is 2.43, so the difference is 1.73. This difference is large and it is statistically significant.

Considering **Knowledge regarding breast complications** domain, among experiment, posttest knowledge score is 3.30 and in control group it is 1.87, so the difference is 0.06. This difference is large and it is statistically significant.

Considering **Breast engorgement** domain, among experiment, posttest knowledge score is 4.93 and in control group it is 2.13, so the difference is 2.80 This difference is large and it is statistically significant.

Considering **Invertednipple** domain, among experiment, posttest knowledge score is 5.53 and in control group it is 2.40, so the difference is 3.13. This difference is large and it is statistically significant.

Considering **Nipplesoreness** domain, among experiment, posttest knowledge score is 4.13 and in control group it is 2.00, so the difference is 2.13. This difference is large and it is statistically significant.

Considering **Mastitis** domain, among experiment, posttest knowledge score is 7.00 and in control group it is 3.07, so the difference is 3.93. This difference is large and it is statistically significant.

Considering **Overall score**, among experiment, posttest knowledge score is 29.07 and in control group it is 13.90, so the difference is 15.17. This difference is large and it is statistically significant.

Statistically there is no significant difference between experiment and control group. It was calculated using Student independent t-test.

Table 4.8.: POSTTEST LEVEL OF KNOWLEDGE SCORE

Level of knowledge		Group				Chi square test
		Experiment		Control		
		n	%	N	%	
	Inadequate	0	0.0%	25	83.3%	**χ2=48.33 P=0.001*** DF=2 significant**
	Moderate	7	23.3%	5	16.7%	
	Adequate	23	76.7%	0	0.0%	
	Total	30	100.0%	30	100.0%	

***P<0.001 very high significant DF= Degrees of freedom

Table 4.8. shows that Experiment group primipara mothers, none are having inadequate level of knowledge, 23.3% of them are having moderate level of knowledge and 76.7% of them are having adequate level of knowledge score. Control group primipara mothers are having 83.3% inadequate level of knowledge, 16.7% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. There is a statistically significant difference between experiment and control group married women level of knowledge score. Statistical significance was calculated using chi square test.

Table 4.9: Comparison of level of knowledge score between pretest and posttest

		Pretest(n=30)		Posttest(n=30)		Extended McNemar's test
		n	%	n	%	
Experiment	Inadequate	25	83.3%	0	0.0%	**$\chi 2=29.00$ p=0.001*** significant**
	Moderate	5	16.7%	7	23.3%	
	Adequate	0	0.0%	23	76.7%	
Control	Inadequate	26	86.7%	25	83.3%	$\chi 2=1.03$ p=0.33 not significant
	Moderate	4	13.3%	5	16.7%	
	Adequate	0	0.0%	0	0.0%	

Not significant P >0.05 * very high significant at P≤0.001**

Table 4.9. shows that In pretest there is no difference between experiment and control but in posttest, there is a significant difference between experiment and control. It was calculated using Extended McNemar's chi square test.

Table 4.10.:Comparison of level of knowledge score between experiment and control

		Experiment(n=30)		Control(n=30)		Chisquare test
		n	%	n	%	
Pretest	Inadequate	25	83.3%	26	86.7%	$\chi 2$=0.13 p=0.72 not significant
	Moderate	5	16.7%	4	13.3%	
	Adequate	0	0.0%	0	0.0%	
Posttest	Inadequate	0	0.0%	25	83.3%	$\chi 2$=48.33 p=0.001*** significant
	Moderate	7	23.3%	5	16.7%	
	Adequate	23	76.7%	0	0.0%	

Not significant P >0.05 * very high significant at P≤0.001**

Table 4.10. shows that In pretest there is no difference between experiment and control but in posttest, there is a significant difference between experiment and control. It was calculated using chi square test.

TABLE 4.11.: COMPARISON OF EACH DOMAINWISE PRETEST AND POSTTEST MEAN KNOWLEDGE SCORE

		Domain	Test				Mean difference	Paired t-test
			Pretest		Posttest			
			Mean	%	Mean	%		
Experiment	1	Knowledge regarding breast feeding	2.33	.96	4.17	1.32	1.84	t=6.45P=0.001*** S
	2	Knowledge regarding breast complications	1.83	.91	3.30	.79	1.47	t=6.15P=0.001*** S
	3	Breast engorgement	2.07	1.26	4.93	1.64	2.86	t=9.86P=0.001*** S
	4	Inverted nipple	2.30	.95	5.53	1.66	3.23	t=9.56P=0.001*** S
	5	Nipple soreness	1.97	1.03	4.13	1.48	2.16	t=6.88P=0.001*** S
	6	Mastitis	3.10	1.67	7.00	1.78	3.9	t=10.30P=0.001*** S
		Total	13.60	2.91	29.07	5.21	15.47	t=18.01P=0.001*** S
Control	1	Knowledge regarding breast feeding	2.30	1.64	2.43	1.61	0.13	t=1.03P=0.31 NS
	2	Knowledge regarding breast complications	1.77	.94	1.87	1.01	0.10	t=1.00P=0.33 NS
	3	Breast engorgement	2.00	1.51	2.13	1.48	0.13	t=0.94P=0.35 NS
	4	Inverted nipple	2.23	1.70	2.40	1.59	0.17	t=1.09P=0.28 NS
	5	Nipple soreness	1.83	1.74	2.00	1.68	0.17	t=0.92P=0.36 NS
	6	Mastitis	3.03	1.52	3.07	1.48	0.04	t=0.99P=0.33 NS
		Total	13.17	4.20	13.90	4.11	0.73	t=1.86P=0.07 NS

Table 4.11. shows that In experiment group, there is a significant difference between pretest and posttest knowledge score, whereas in control group there is a significant difference between pretest and posttest knowledge score. It was confirmed using student paired t-test.

Table 4.12.: COMPARISON OF PRETEST, POSTTEST KNOWLEDGE SCORE

	n	Pretest	Posttest	Mean difference	Paired t-test
		Mean ±SD	Mean ±SD		
Experiment	30	13.60±2.91	29.07±5.21	15.47	t=18.01P=0.001*** significant
Control	30	13.17±4.20	13.90±4.11	0.73	t=1.86 P-0.07 Not significant

Table 4.12. shows that experiment group , Student paired t-test shows mean knowledge score difference among primipara mothers is statistically significant between pretest and posttest (t = 18.01, P < 0.001). Control group, Student paired t-test shows mean knowledge score difference among primipara mothers is statistically not significant between pretest and posttest (t = 1.86, P > 0.05).

Table 4.13: PERCENTAGE OF KNOWLEDGE GAIN SCORE

	Domains	Experiment		% of knowledge Gain	Control		% of knowledge Gain
		Pretest	Posttest		Pretest	Posttest	
1	Knowledge regarding breast feeding	46.6%	83.4%	36.8%	46.0%	48.6%	2.6%
2	Knowledge regarding breast complications	45.8%	82.5%	36.7%	44.3%	46.8%	2.5%
3	Breast engorgement	34.5%	82.2%	47.7%	33.3%	35.5%	2.2%
4	Inverted nipple	32.9%	79.0%	46.1%	31.9%	34.3%	2.4%
5	Nipple soreness	39.4%	82.6%	43.2%	36.6%	40.0%	3.4%
6	Mastitis	34.4%	77.8%	43.4%	33.7%	34.1%	0.4%
	Total	**37.8%**	**80.8%**	**43.0%**	**36.6%**	**38.6%**	**2.0%**

Table 4.13 shows that On an average, among experiment, mothers are gained 43.0% of knowledge score whereas control group gained only 2.0%.

Table 4.14: GENERALIZATION OF EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT

		Maximum score	Mean ±SD	Posttest - Pretest= gain score with95%CI	% of knowledge gain score with95%CI
Experiment	Pre-test	36	13.60±2.90	15.47(13.71 - 17.22)	43.0% (38.1-47.8)
	Post-test	36	29.07±5.21		
Control	Pre-test	36	13.17±4.20	0.73 (-0.07 -1.54)	2.0% (0.2% - 4.3%)
	Post-test	36	13.90±4.11		

Table 4.14. shows that Study result was Generalized using mean with 95% confidence interval and percentage with 95% confidence interval.

Table 4.15.: Association between demographic variables and knowledge gain score (Experiment)

Demographic variables		n	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score		
			Mean	SD	Mean	SD	Mean	SD	
Age	18 -20 years	3	13.33	4.16	24.36	6.66	11.03	4.13	**F=2.98 P=0.05* S**
	21 -25 years	15	13.87	2.39	25.92	3.53	12.05	4.03	
	26 -30 years	10	13.90	3.28	30.79	5.52	16.89	5.22	
	> 30 years	2	10.50	3.54	27.45	12.73	16.95	5.20	
Religion	Hindu	21	13.29	3.18	29.00	5.89	15.71	5.01	F=0.23 P=0.79 NS
	Christian	7	14.43	1.72	28.86	3.58	14.43	3.36	
	Muslim	2	14.00	4.24	30.50	3.54	16.50	7.78	
Type of family	Nuclear family	15	13.73	2.81	29.40	5.17	15.67	4.58	F=0.15 P=0.85 NS
	Joint family	12	13.33	3.14	28.92	4.54	15.58	4.21	
	Extended family	3	14.00	3.46	28.00	9.54	14.00	8.54	
Education status	Primary	9	13.00	3.32	24.26	7.42	11.26	5.85	**F=3.62P=0.05* S**
	Secondary	15	14.07	3.24	30.27	3.43	16.20	3.76	
	College	6	13.33	0.82	29.83	4.49	16.50	4.93	
Occupation	Private employee	5	13.20	1.92	26.60	4.04	13.40	3.36	F=1.60 P=0.21 NS
	Government employee	1	18.00	.	33.00	.	15.00	.	
	Self/ Business	4	11.50	2.52	23.50	9.54	12.00	8.04	
	Housewife	20	13.90	3.01	30.60	3.50	16.70	3.99	
Dietary habits	Vegetarian	2	13.00	1.41	26.00	12.73	13.00	11.31	F=0.76 P=0.45 NS
	Non Vegetarian	28	13.64	3.00	29.29	4.74	15.64	4.31	
Place of residence	Rural	3	15.67	2.08	32.67	2.52	17.00	3.46	F=0.58 P=0.56 NS
	Urban	27	13.37	2.92	28.67	5.31	15.30	4.84	
Previous knowledge regarding breast complication	Yes	6	12.83	1.83	29.12	7.03	16.29	6.23	t=2.05 P=0.05* S
	No	24	13.79	3.12	25.81	4.80	12.02	4.11	
previous knowledge of Prevention and management	Yes	6	12.83	1.83	29.12	7.03	16.29	6.23	t=2.05 P=0.05* S
	No	24	13.79	3.12	25.81	4.80	12.02	4.11	
Source of information	Family members	6	12.83	1.83	27.83	7.03	15.00	6.23	t=0.00 P=1.00 NS

Table 4.15. shows the association between the knowledge gain score with selected socio-demographic variables of LSCS primi mothers in experimental group. Elder mothers, more educated mothers, previous knowledge regarding breast complication mothers, previous knowledge of Prevention and management mothers. It was confirmed using chi square test.

Table 4.16.: Association between demographic variables and knowledge gain score (Control)

Demographic variables		n	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score		
			Mean	SD	Mean	SD	Mean	SD	
Age	18 -20 years	3	13.80	3.11	13.80	3.11	.00	.00	F=1.13P0.35 NS
	21 -25 years	15	13.64	5.20	15.14	4.93	1.50	2.88	
	26 -30 years	10	13.11	3.02	13.22	2.54	.11	1.17	
	> 30 years	2	8.50	.71	8.50	.71	.00	.00	
Religion	Hindu	21	13.61	4.44	14.35	4.41	.74	2.26	F=0.96 P=0.35 NS
	Christian	7	12.60	3.21	12.60	3.21	.00	.00	
	Muslim	2	9.50	2.12	12.00	1.41	2.50	3.54	
Type of family	Nuclear family	15	14.14	3.82	14.14	3.39	.00	1.04	F=2.15 P=0.13 NS
	Joint family	12	12.00	4.66	13.57	5.06	1.57	2.79	
	Extended family	3	14.50	2.12	14.50	2.12	.00	.00	
Education status	Primary	9	12.00	4.30	11.80	3.90	-.20	.45	F=0.56 P=0.57 NS
	Secondary	15	13.57	4.51	14.52	4.40	.95	2.46	
	College	6	12.50	2.52	13.25	1.89	.75	1.50	
Occupation	Private employee	5	10.00	.	13.00	.	3.00	.	F=1.29 P=0.29 NS
	Government employee	1	10.00	.	10.00	.	.00	.	
	Self/ Business	4	10.00	2.83	13.00	7.07	3.00	4.24	
	Housewife	20	13.65	4.28	14.15	4.11	.50	1.98	
Dietary habits	Vegetarian	2	11.40	2.97	11.40	2.97	.00	.00	t=0.83 P=0.41 NS
Place of residence	Rural	3	16.00	4.24	15.50	3.54	-.50	.71	t=0.85P=0.40 NS
	Urban	27	12.96	4.20	13.79	4.18	.82	2.20	
Previous knowledge regarding breast complication	Yes	6	12.50	.71	12.50	.71	.00	.00	t=0.49 P=0.62 NS
	No	24	13.21	4.35	14.00	4.24	.79	2.22	
previous knowledge Prevention and management	Yes	6	14.33	2.31	14.33	2.31	.00	.00	t=0.48 P=0.61 NS
	No	24	13.04	4.37	13.85	4.29	.81	2.25	
Source of information	Family members	6	13.75	2.22	13.75	2.22	.00	.00	t=0.00 P=1.00 NS

Table 4.16 shows the association between the knowledge gain score with selected socio-demographic variables of LSCS primipara mothers in control group. None of the variables are significant. It was confirmed using chi square test.

CHAPTER V

SUMMARY OF RESULTS

The results of the study to evaluate the effectiveness of STP on knowledge regarding prevention and management of breast complication among LSCS primipara mothers were summarized in this chapter based on the demographic and previous knowledge variables.

5.1. Based on demographic findings:

- With regard to age, majority of LSCS primipara mothers (50%) in experimental group and in control group (46.6%) were in the age group between 21-25 yrs.
- Regarding religion,majority of the LSCS primipara mothers (70%) in the experimental and in the control group (76.7%) were Hindus.
- With regard to type of family, in experimental group majority of the LSCS primipara mothers (50%) were in nuclear family and in control group, majority of the LSCS primipara mothers (46.7%) were living in nuclear family and (46.7%) were in joint family.
- Regarding educational status, majority of the LSCS primipara mothers(50%) and in the control group (70%) were completed their secondary school education.
- About occupation, majority of the LSCS primipara mothers (66.7%) in the experimental and in the control group (86.7%) were housewives
- In terms of dietery habits, majority of the LSCS primipara mothers (93.3%) in the experimental and in the control group (83.3%) were having non-vegetarian diet habits.
- With regard to place of residence, in experimental group majority of the LSCS primipara mothers (90%) and (93.3%) in control group resides in urban area.
- In term of their previous knowledge regarding breast complications, in experimental group (80%) and in control group(93.3%) were not having the knowledge.

- In views of previous knowledge regarding prevention and management of breast complications, majority of LSCS primipara mothers (80%) in experimental and in control group (90%) were not having the knowledge.
- In presence of previous knowledge about prevention of breast complications, majority in experimental group (100%) and (100%) in control group got the information from family members.

5.2. Findings of pretest level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers:

In assessing the pretest percentage of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group.. Experiment group women are having 37.8% of knowledge score and control group women are having 36.6% knowledge score.

In Experiment group primipara mothers are having 83.3% inadequate level of knowledge, 16.7% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. Control group primipara mothers are having 86.7% inadequate level of knowledge, 13.3% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. There is no statistically significant difference between experiment and control group married women level of knowledge score. Statistical significance was calculated using chi square test.

5.3.Findings of posttest level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers:

In assessing the posttest percentage of knowledge regardingprevention and management of selected breast complications among LSCS primipara mothers in experimental and control group. Experiment group women are having 80.8% of knowledge score and control group married women are having 38.6% knowledge score. In posttest, Experiment group primipara mothers, none are having inadequate

level of knowledge, 23.3% of them are having moderate level of knowledge and 76.7% of them are having adequate level of knowledge score. Control group primipara mothers are having 83.3% inadequate level of knowledge, 16.7% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score.

5.4. Findings of mean comparison between control and experimental group using paired t-test:

The study compared that the pretest and post test level of knowledge on prevention and management of selected breast complications, considering in control group the mean value is 0.73 and in experiment group, the mean value is 15.47 among LSCS primipara mothers. Mean comparison was calculated by using student paired t-test.

5.5. Findings on effectiveness of STP among LSCS primipara mothers:

The study revealed that the increased level of knowledge on prevention and management of selected breast complications in both control and experimental group. Considering control group p-value is 0.07 and the experimental group p-value is 0.001. there is statistically significant difference in increased level of knowledge on prevention and management of breast complication among LSCS primipara mothers in experimental group. Statistical significance was calculated using paired t-test.

5.6. Findings based on association between post evaluation of effectiveness of STP with the selected demographic variables:

The study showed that the association between the post evaluation level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers in the experimental group. Elder mothers, more educated mothers, previous knowledge regarding breast complication mothers, previous knowledge of Prevention and management are significantly associated except that none of the other variables are not significant. It was confirmed using chi square test.

CHAPTER-VI

DISCUSSION

This chapter deals with the discussion of the results of the data analyzed based on the objectives of the study and the hypothesis. The purpose of the study is to evaluate the "effectiveness of STP on knowledge of prevention and management of selected breast complications among LSCS primipara mothers at Institute of Obstetrics and Gynecology, Egmore"

Findings based on the objectives

Objective 1: To assess the pretest level of knowledge regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental and control group.

The study findings revealed that the level of knowledge on prevention and management of selected breast complications among 60 LSCS primipara mothers who met in the inclusion criteria in the experimental and control group. LSCS primipara mothers were observed with the structured questionnaire and responses. In pre-test, considering the level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers, in the control group, 26(86.7%) were having adequate knowledge and 4(13.3%) were having moderate knowledge and none of them were are having adequate knowledge score. Where as in experimental group LSCS primipara mothers are having25(83.3%) inadequate level of knowledge, 5(16.7%) of them are having moderate level of knowledge and none of them are having adequate level of knowledge score. However, in both the group,30(100%) of them were having inadequate knowledge on prevention and management of selected breast complication.

The above findings were supported by study conducted by. Their study results revealed that 32% of women did not initiate breastfeeding, 4% started but stopped within the first week, 13% stopped within the first month and 51%

continuedformorethan4weeks.Studyconcludedthatthereisaneedtoprovide extensive breastfeeding support after delivery, particularly to women who may experience difficulties in breastfeeding.

Objective 2: To evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers in experimental group.

The study compared with the posttest level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers in control group with routine care and experimental group with Structured teaching programme.

In posttest, considering the level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers, in the Experiment group primipara mothers, none are having inadequate level of knowledge, 23.3% of them are having moderate level of knowledge and 76.7% of them are having adequate level of knowledge score. Control group primipara mothers are having 83.3% inadequate level of knowledge, 16.7% of them are having moderate level of knowledge and none of them are having adequate level of knowledge score.

The above findings were supported by the study conducted by. Their study results shows that there was poorer positioning among primipara and also poor attachment was also evident. Poor attachment was related to cracked nipples and mastitis. Study concluded that young and primipara mothers were more in need of support and guidance for appropriate breastfeeding techniques.

Objective 3: To compare the pretest and post-test level of knowledge regarding prevention and management of breast complications among LSCS primipaara mothers in experimental and control group.

The study compared overall pretest and posttest mean value in the experimental and control group. In considering the experimental group in pretest, mothers had 13.60

score whereas in posttest mothers had 29.07 score, so the difference is 15.47. the difference between pretest and posttest score is large and it is statistically significant. In considering control group in pretest mothers had 13.7 score whereas in post test mothers had 13.90 score, so the difference is 0.73. The difference between pretest and posttest score is small was analyzed using students paired t- test.

Objective 4: To find out the association between the knowledge gain scores with selected socio-demographic variables of LSCS primi mothers in experimental and control group.

The study associated between the post test level of knowledge and mothers demographic variables in experimental and control group. The association between the post test level of knowledge on prevention and management of selected breast complications among LSCS primipara mothers in the experimental group with their demographic variables. Statistical significance was calculated by using chi-square test.

Thus the hypothesis H_2 which states that there is a significant association between the effectiveness of Structured teaching programme on knowledge of prevention and management of selected breast complications among LSCS primipara mothers with their demographic variables such as elder mothers, more educated mothers, previous knowledge of prevention and management mothers had more knowledge score than the others. None of the other variables are significant. Hence the H_2 was accepted.

CHAPTER VII

CONCLUSION AND RECOMMENDATION

The present study undertaken to assess the effectiveness of STP. Structured teaching programme given to LSCS primi mothers regarding prevention and management of selected breast complications , which should be considered as a prime necessity. The administered education to LSCS primi mothers was effective in improving knowledge when compared to pre test. So the researcher believes that the study would be worthy with a view of its scope and use.

7.1. Implication of the study

The findings of the study have implications in various areas of Nursing like, Nursing Administration, Nursing practice, Nursing research and Nursing education, regarding increase in the knowledge among LSCS primi mothers regarding prevention and management of selected breast complications.

Nursing education:

Providing structured teaching programme must be emphasized in the nursing curriculum, so that the nursing students will be aware of the importance of providing knowledge through STP regarding prevention and management of selected breast complications. It is one of the inexpensive measures one can easy to administer in the practice. This non- pharmacological management should be create awareness among the students through seminars and workshops. Benefits of this intervention and condition to apply this intervention clearly taught to the midwifery nursing students both diploma and graduate level. Health education programmes can be conducted by the students to the dais and village health nurse regarding importance of early initiation of breast feeding and proper breast feeding techniques to prevent occurrence of breast complications.

Nursing practice:

Unrealistic fears based on misinformation and misconception can be prevented by factual information and knowledge. The personnel are in the best position impart the STP in the hospital. So they should plan and impart STP according to the need of LSCS primi mothers. Nursing personnel should be given in- service education to update their knowledge regarding prevention and management of breast complications.

Nursing administration:

The quality of health care services mainly depends on the good administration. The good administrator role implication of the effective communication and updating knowledge. The administrator can arrange the in- service education programme and nursing conferences to promote this intervention of prevention and management of breast complications. The community health administrator can also communicate this method to the village health nurses and dais.

Nursing research:

Research should be continued on need of the practices and method of teaching focusing on prevention and management of selected breast complications.

Suggestion:

1) The administration of STP during antenatal period by the health professional can be very effective.
2) The village health nurse can conduct the educational programme on breast feeding techniques during their postnatal visit.
3) The nursing students in their posting they can create awareness regarding prevention and management of breast complications.

7.2. Recommendation:

- A similar study can be conducted on a large sample and in different setting to generalize the study findings.
- Study can be conducted in community setting.
- Similar study can be conducted among the health professional.
- True experimental study can be conducted among the nursing students.

7.3. Limitation:

- This study is limited to the LSCS primi mothers who are in the selected setting. Generalization is limited to selected setting include in the study. An increase sample size and duration of the study would be an over all measure to assess the effectiveness of structured teaching programme.

7.4. Conclusion

The findings of the study recommended the further interventional approaches regarding the prevention and management of selected breast complications. Special health education related to the prevention and management of selected breast complications and prevents the occurrence of breast complications. Educating mothers and providing them correct information can help them to prevent complications during post partum period.

The present study proved that structured teaching programme was effective among the LSCS primi mothers.

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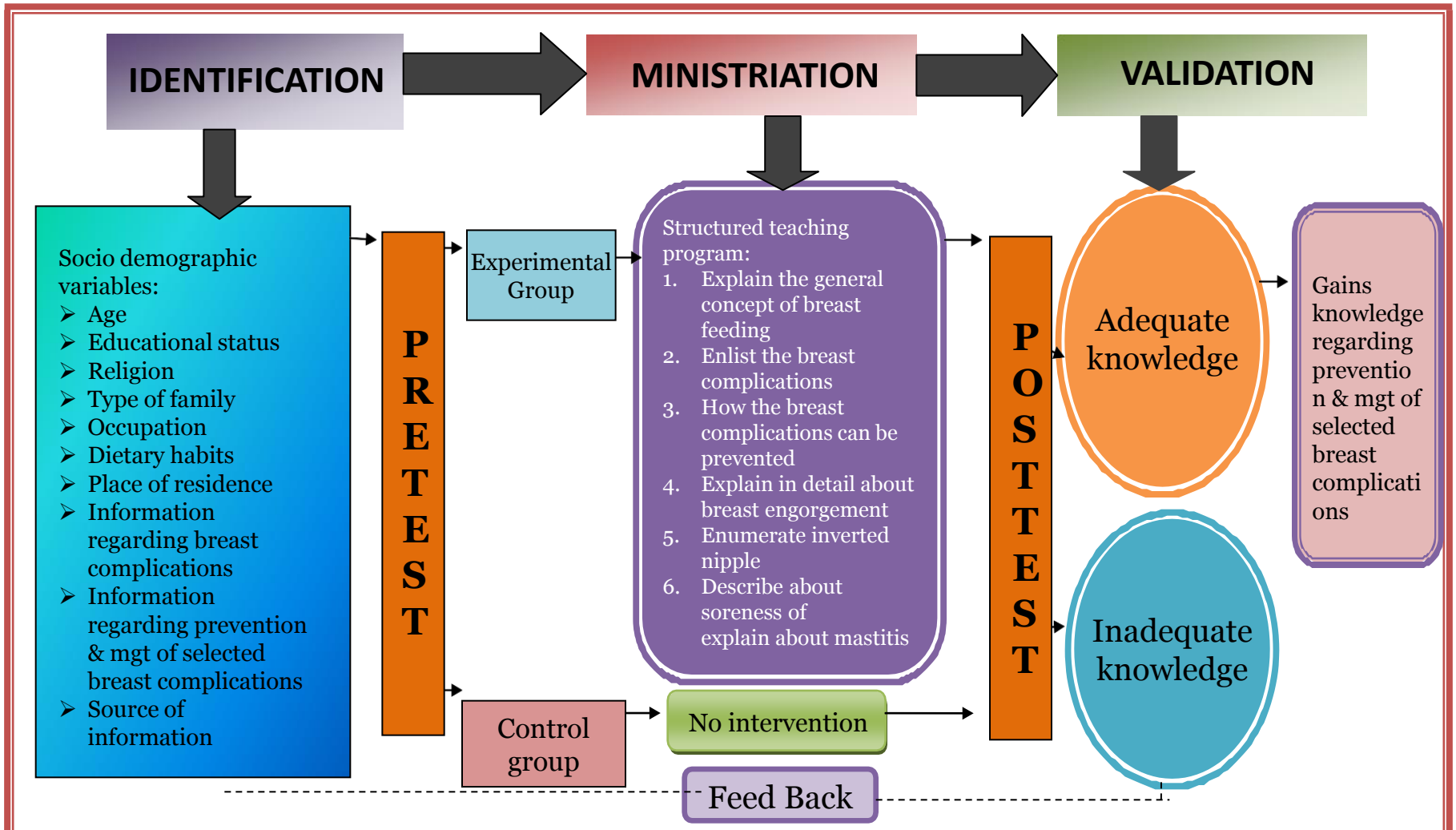


FIGURE 1: CONCEPTUAL FRAME WORK BASED ON WIEDENBACH HELPING ART THEORY

Feed Back not included in the study

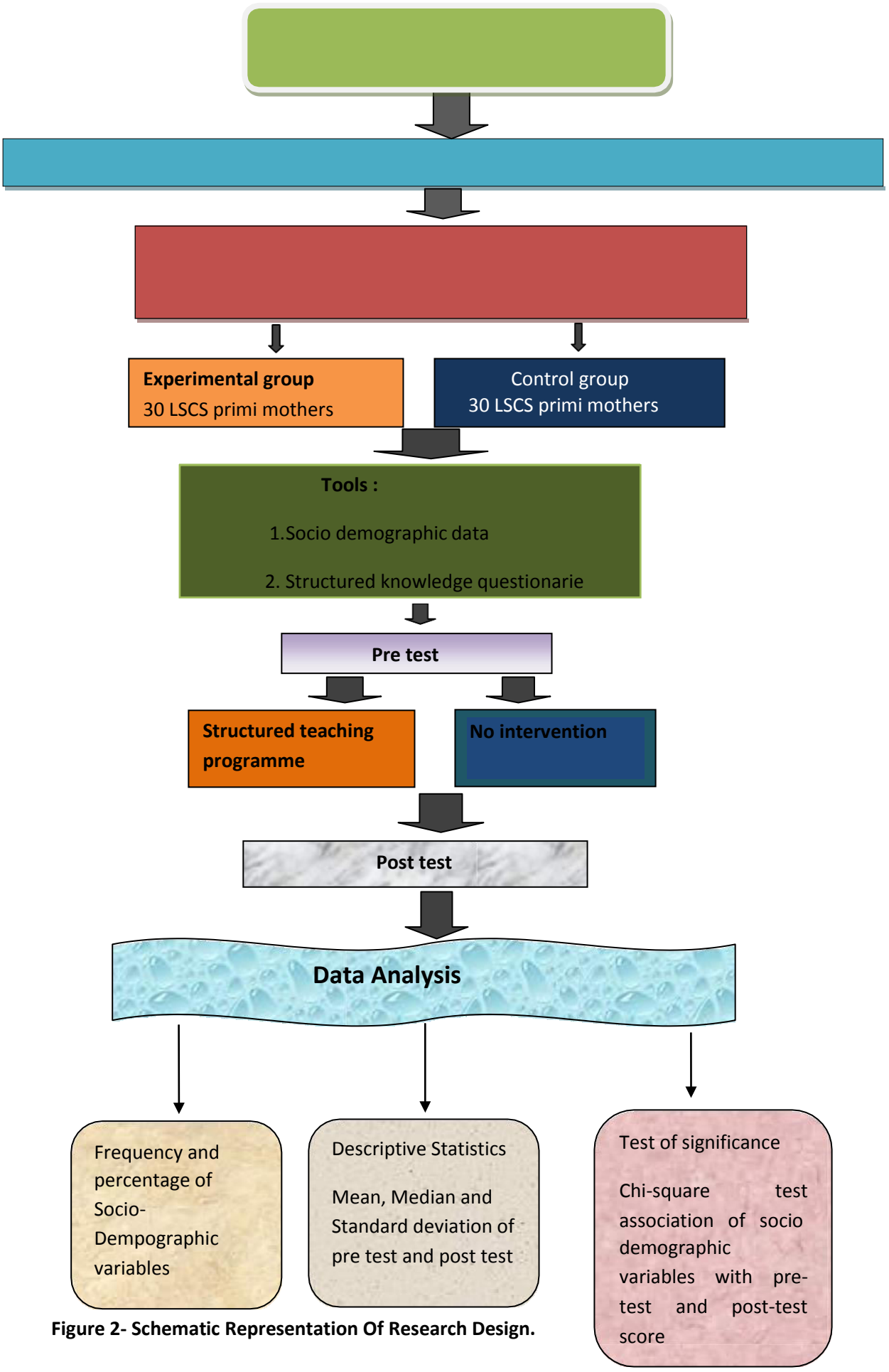


Figure 2- Schematic Representation Of Research Design.

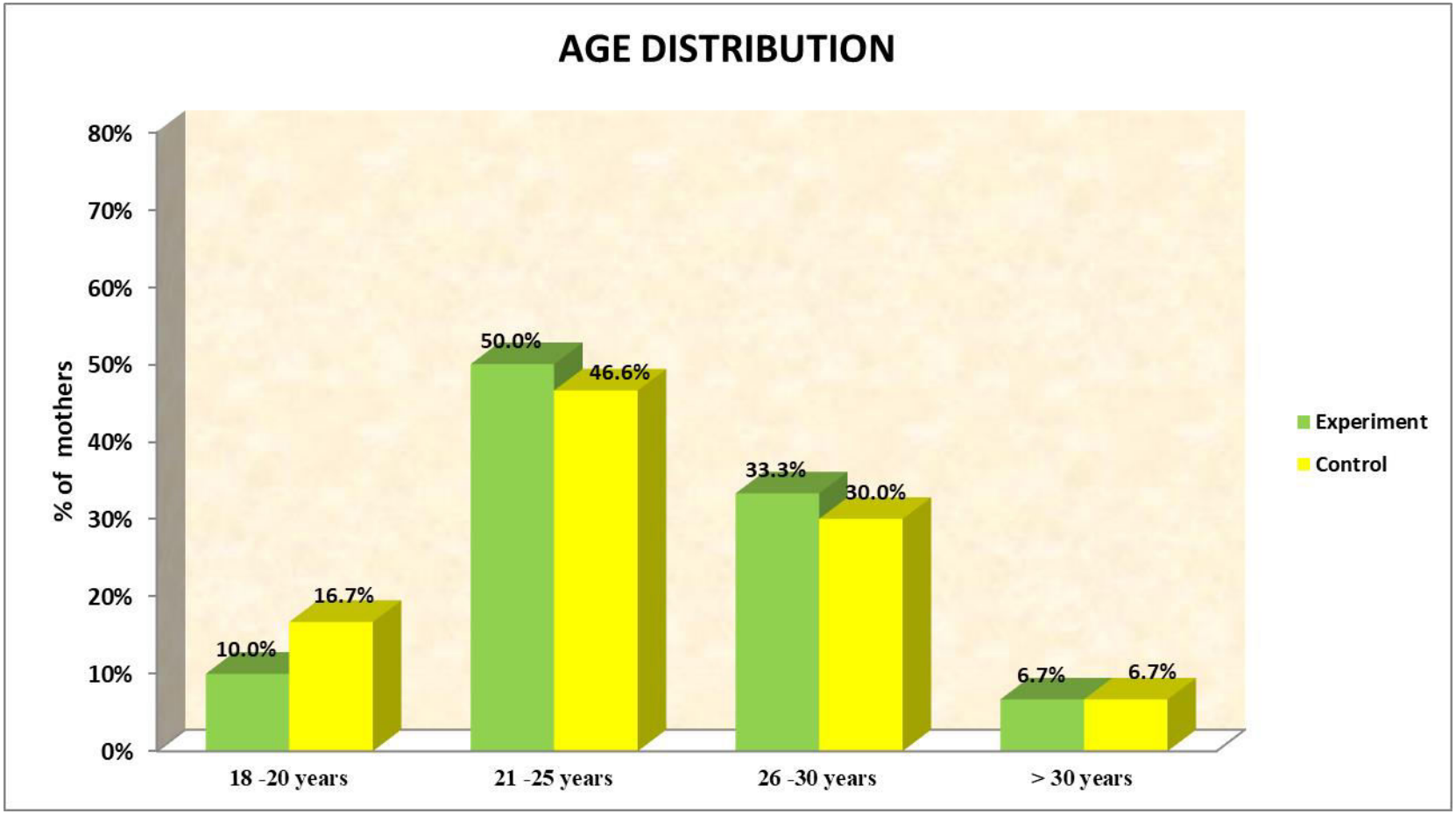


Figure.4. shows the distribution of age in experiment and control group

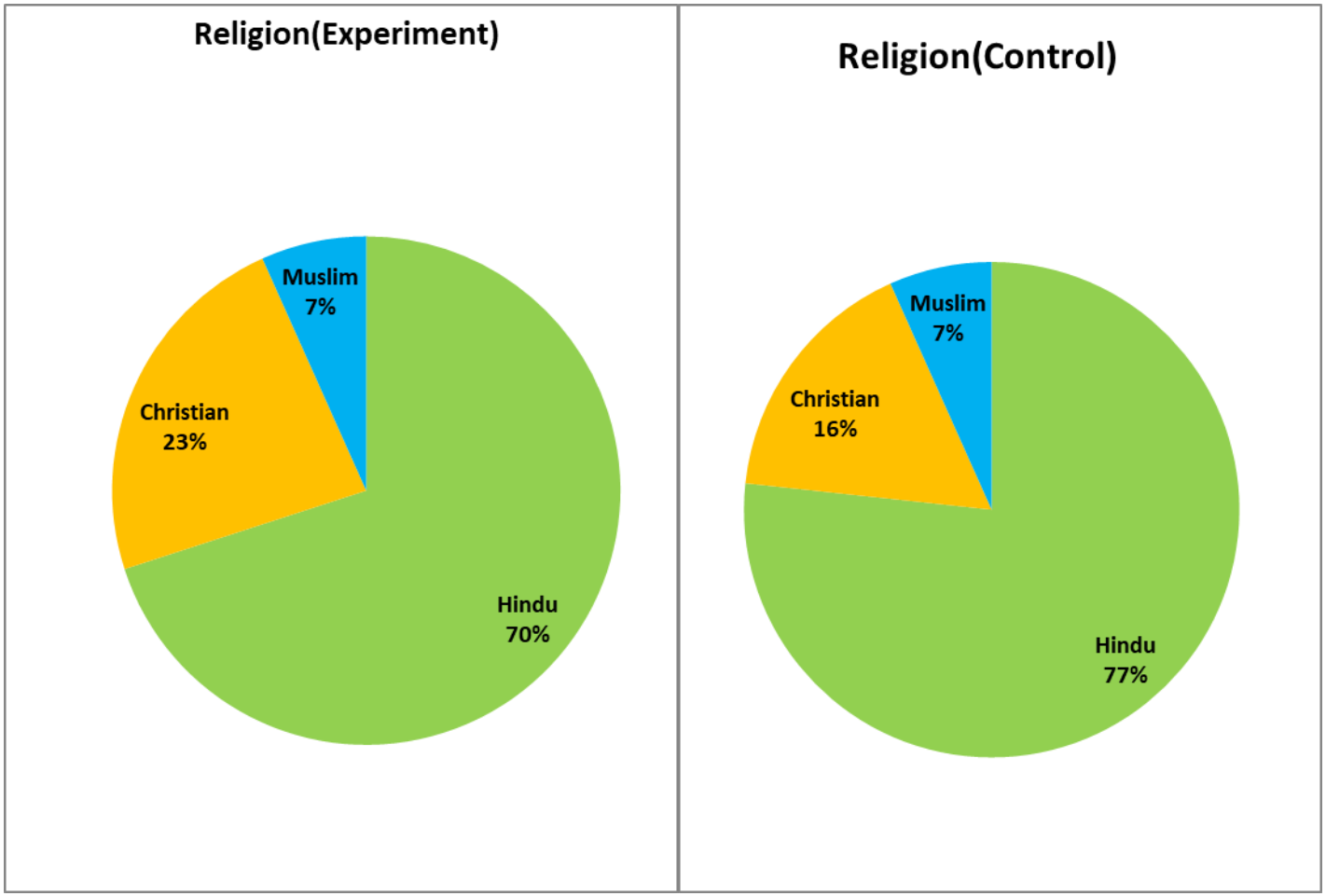


Figure.5. shows the distribution of religion in experiment and control group

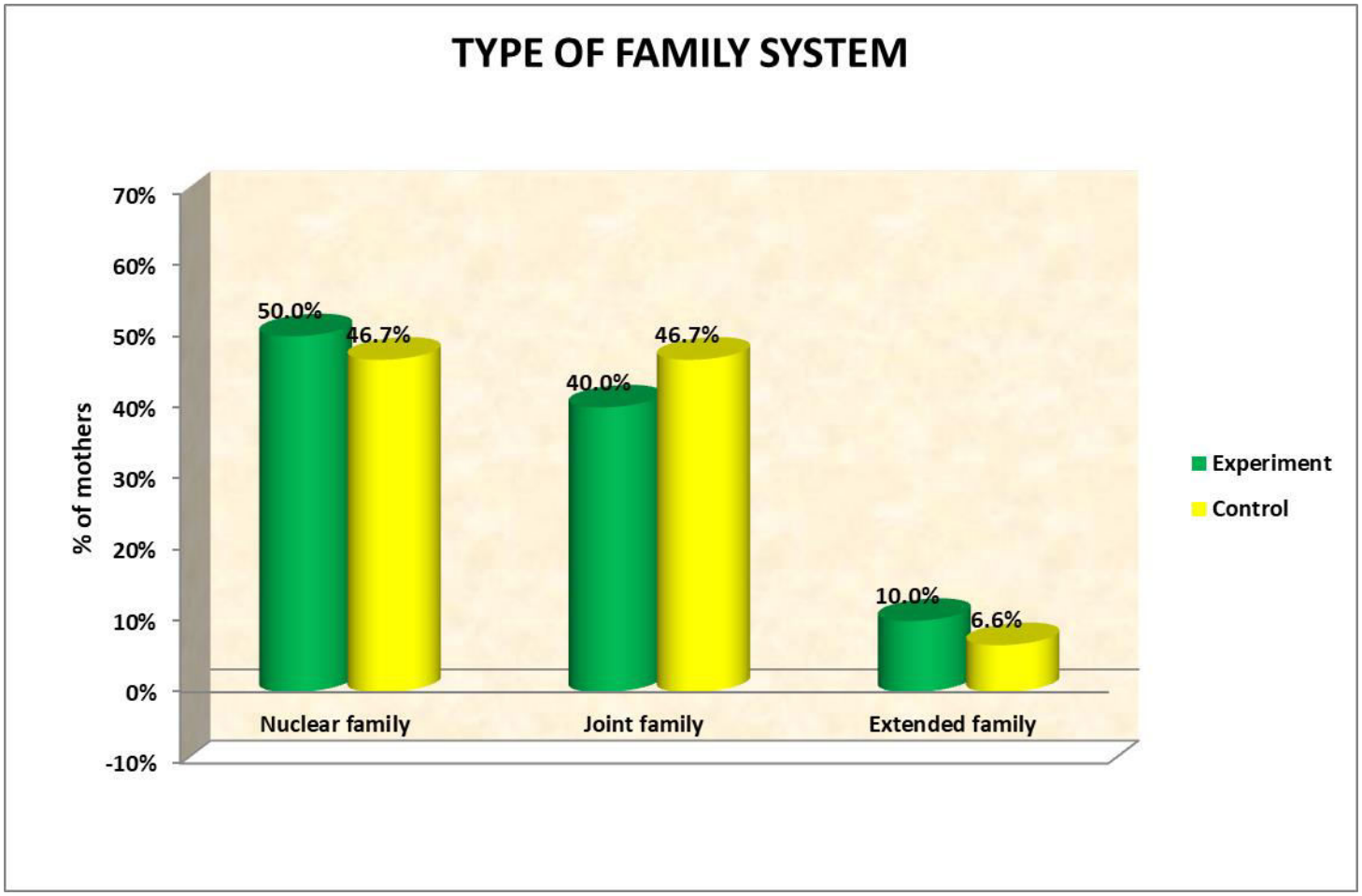


Figure.6. shows the distribution of type of family system in experiment and control groups.

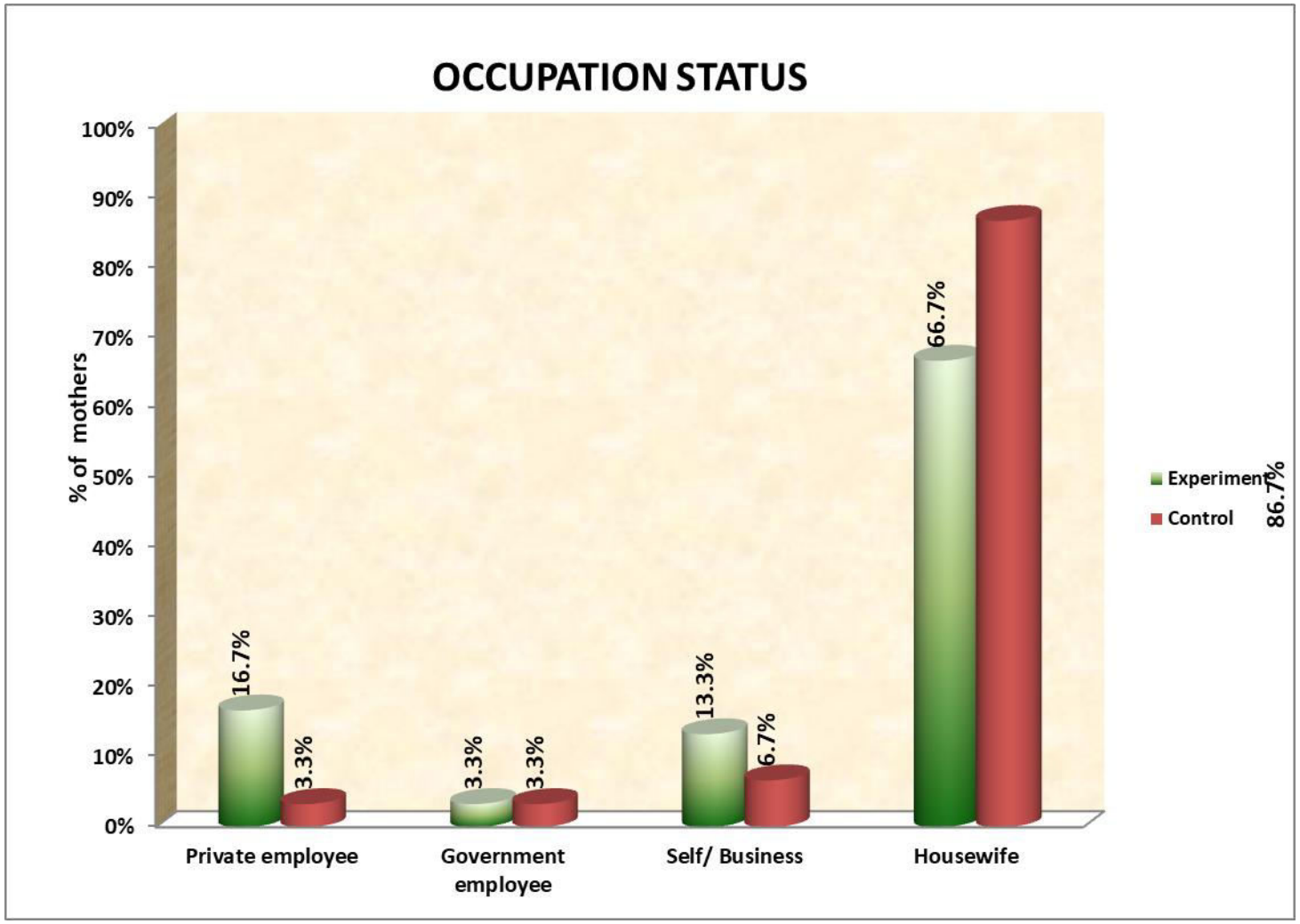


Figure.7. shows the distribution of occupation status in experiment and control group

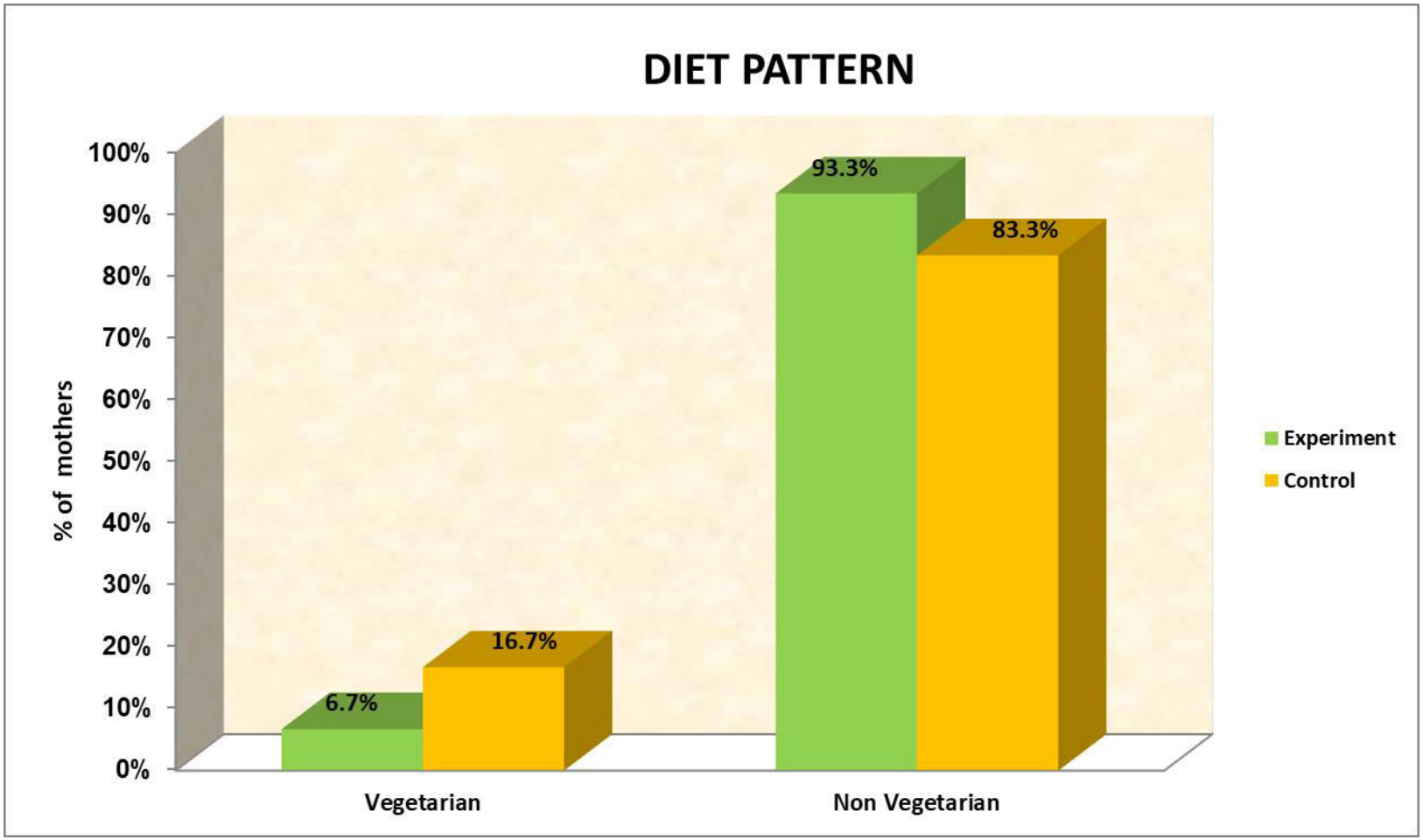


Figure.8. shows the distribution of diet pattern in experiment and control group

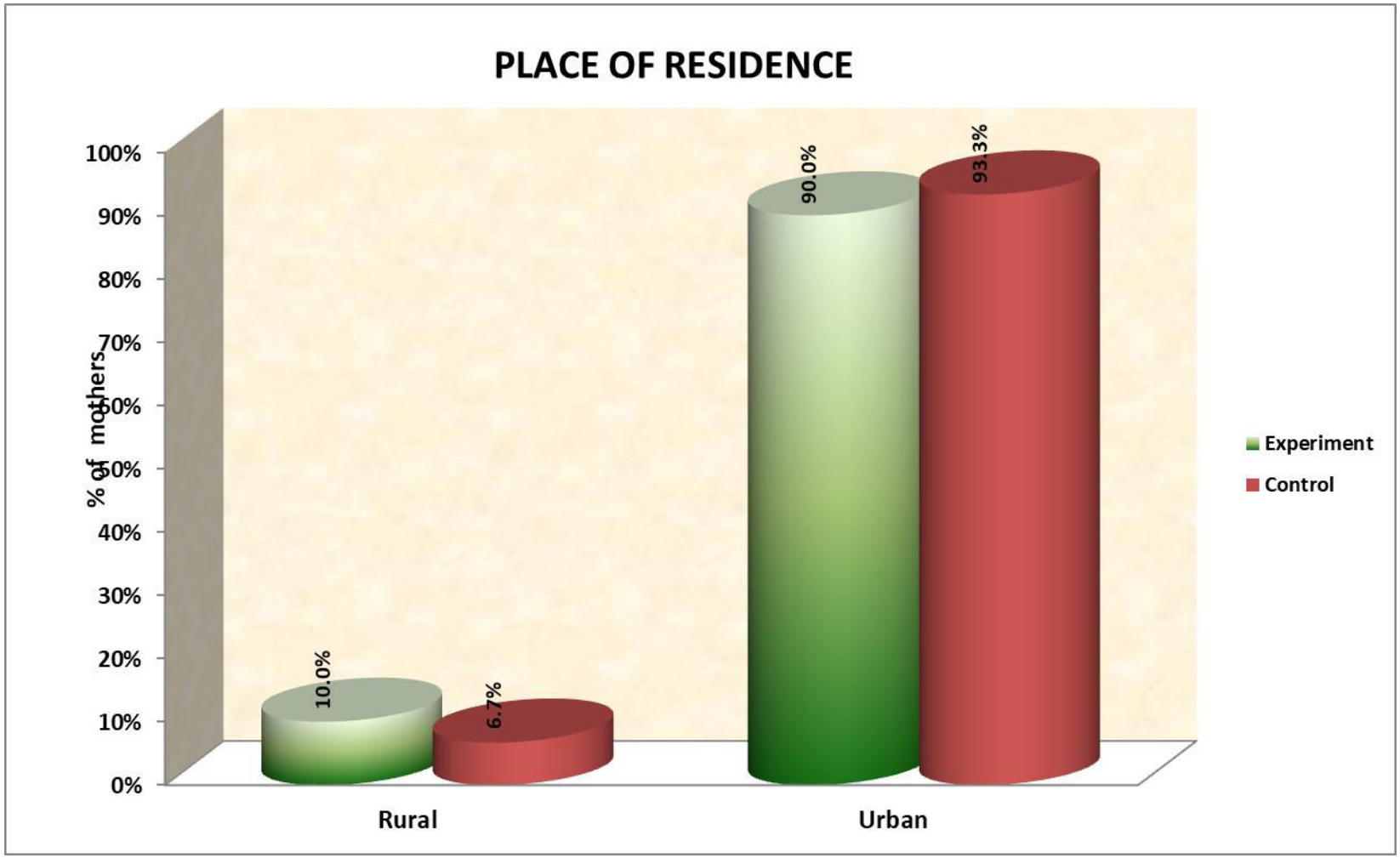


Figure.9. shows the distribution of place of residence in experiment and control group

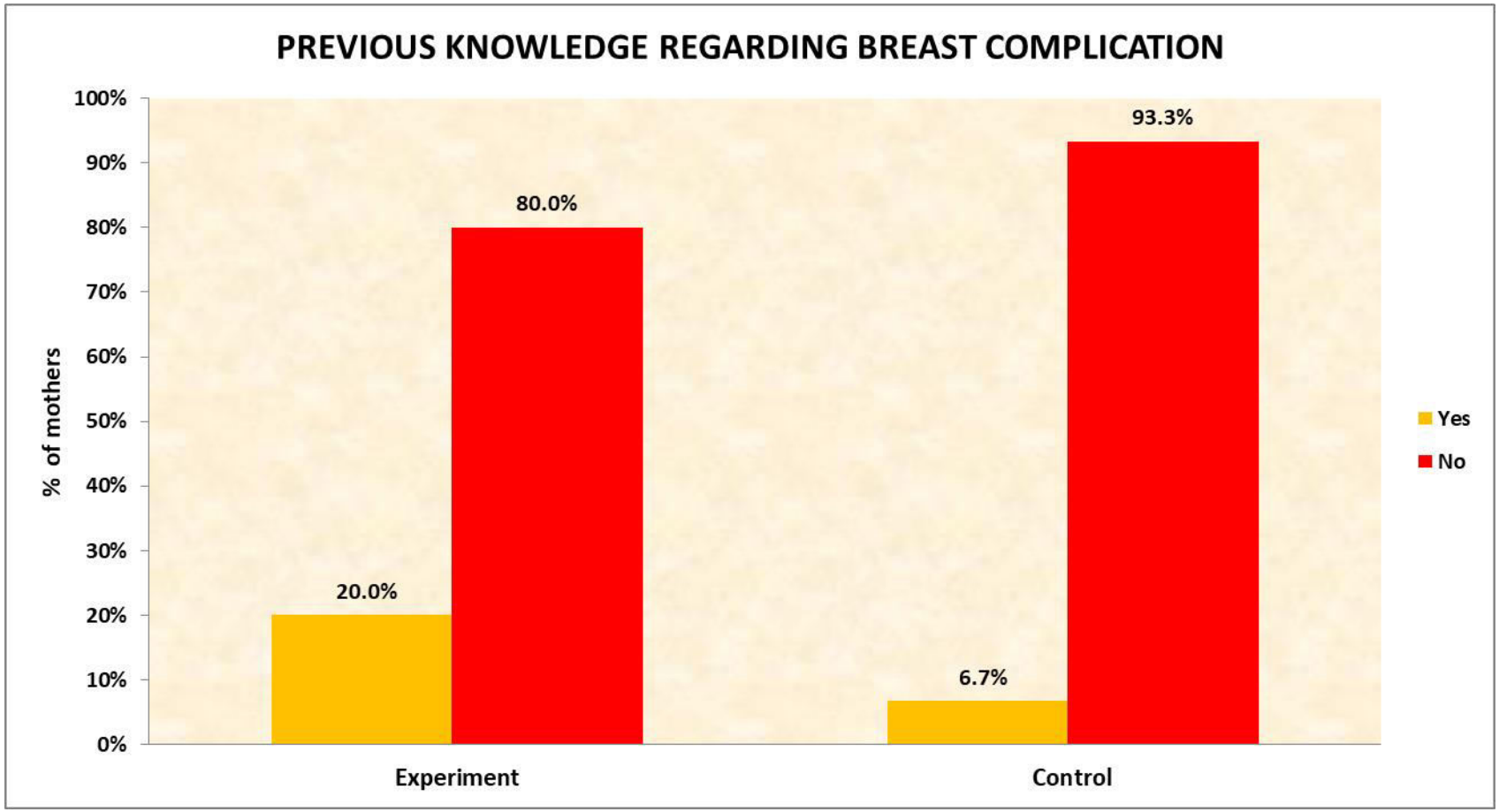


Figure.10. shows the distribution of previous knowledge regarding breast complication

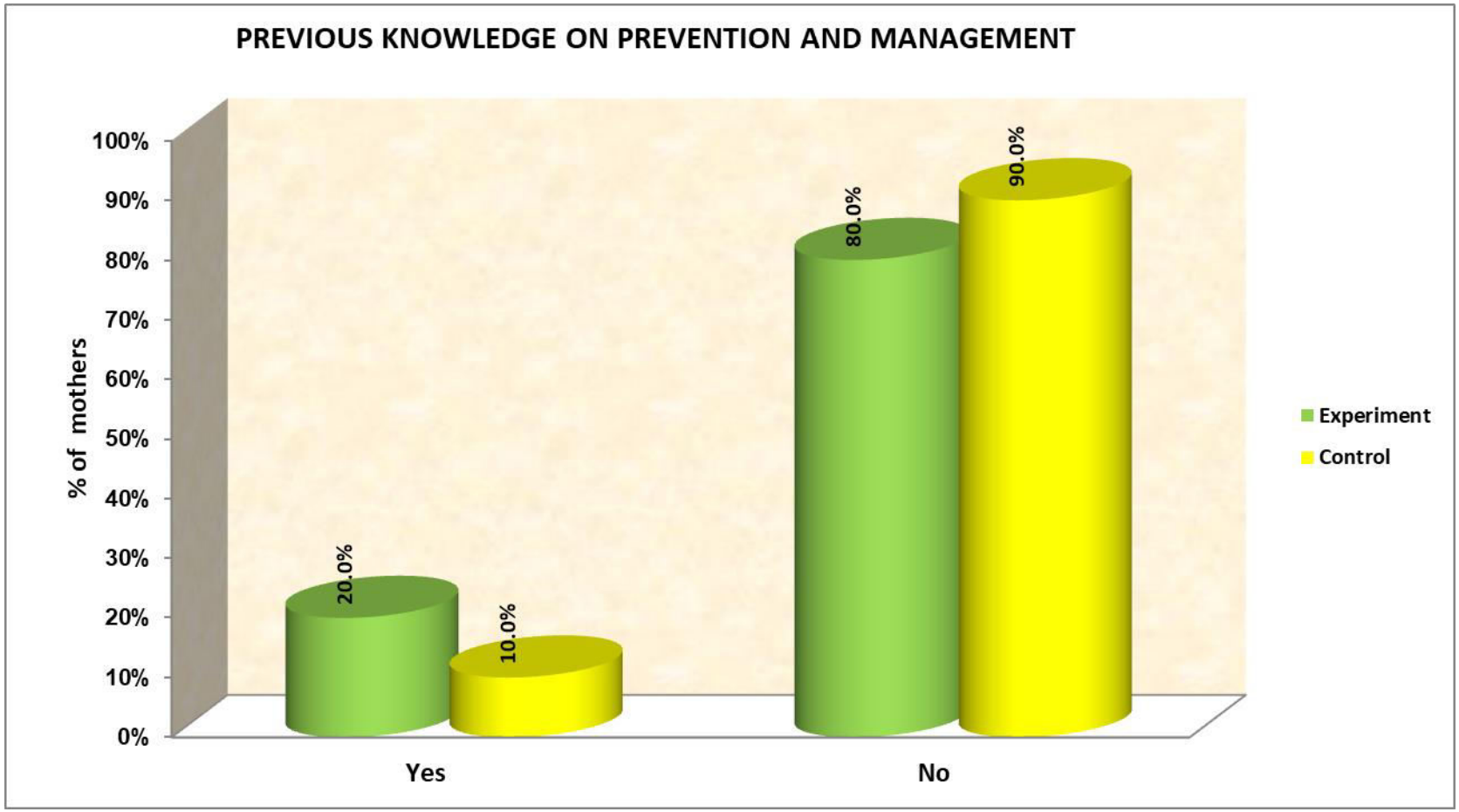


Figure.11.shows the distribution of previous knowledge on prevention and management

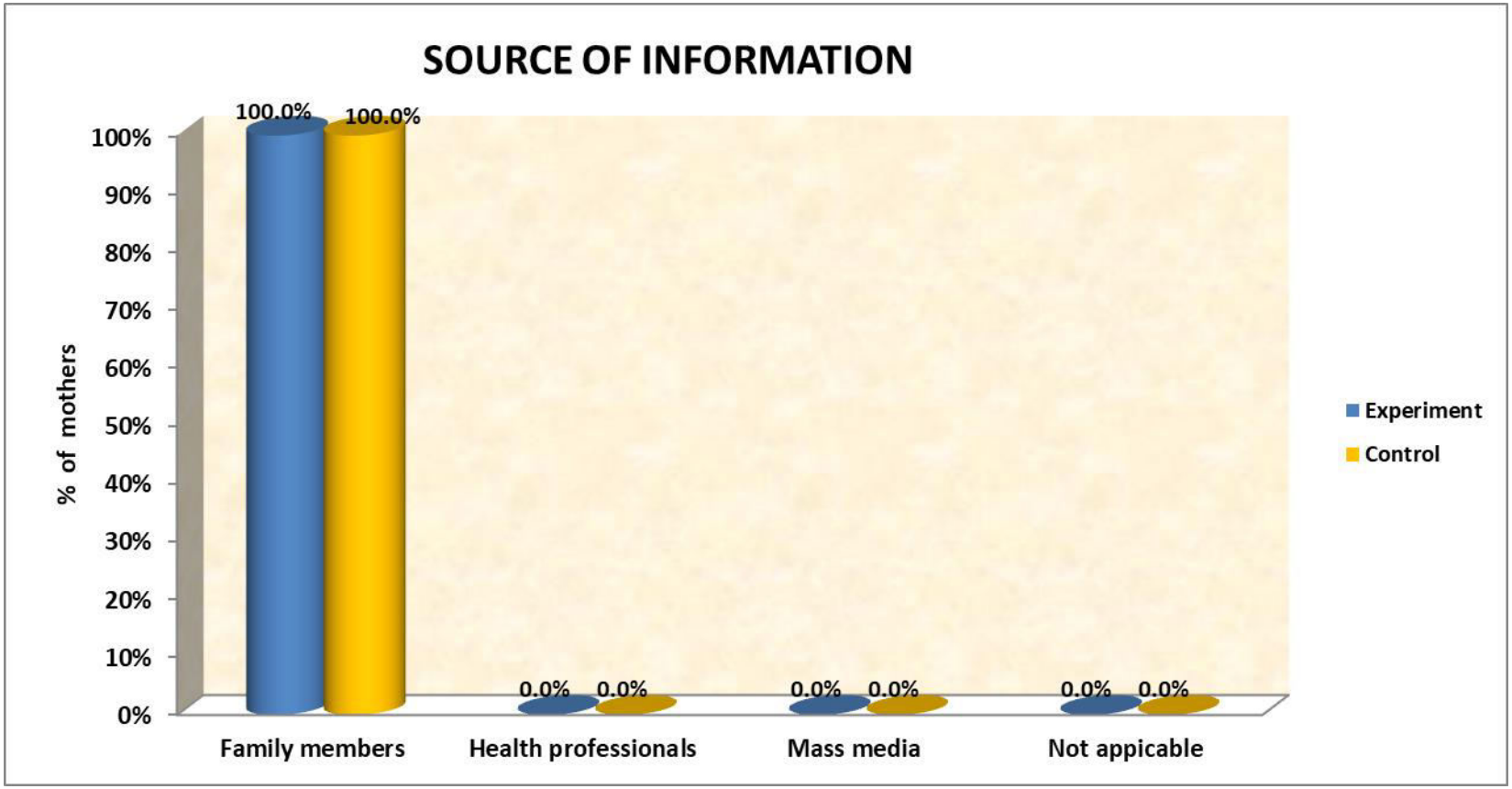


Figure.12. shows the distribution of source of information in experiment and control group

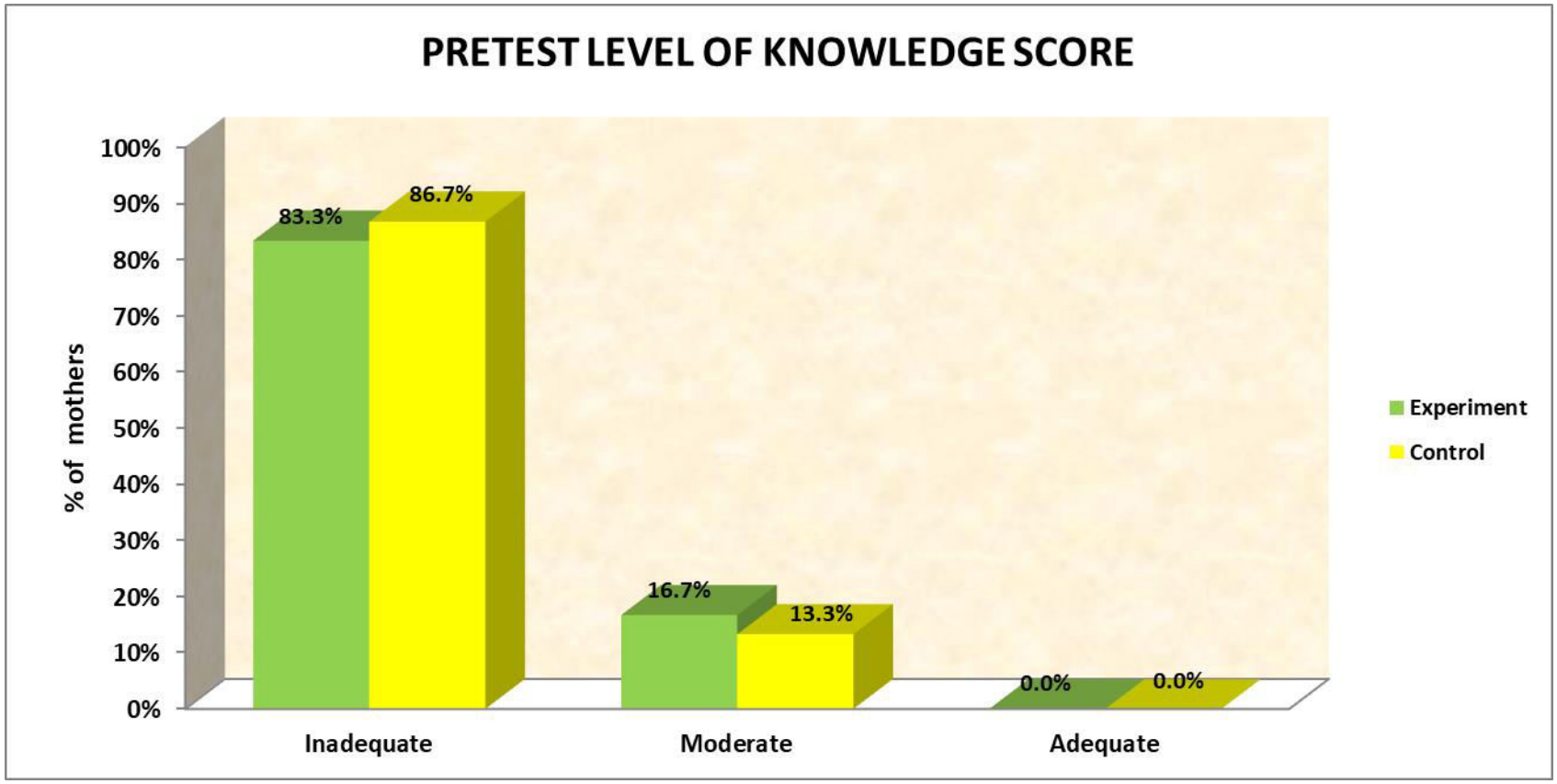


Figure.13.shows the distribution of pretest level of knowledge score in experiment and control group

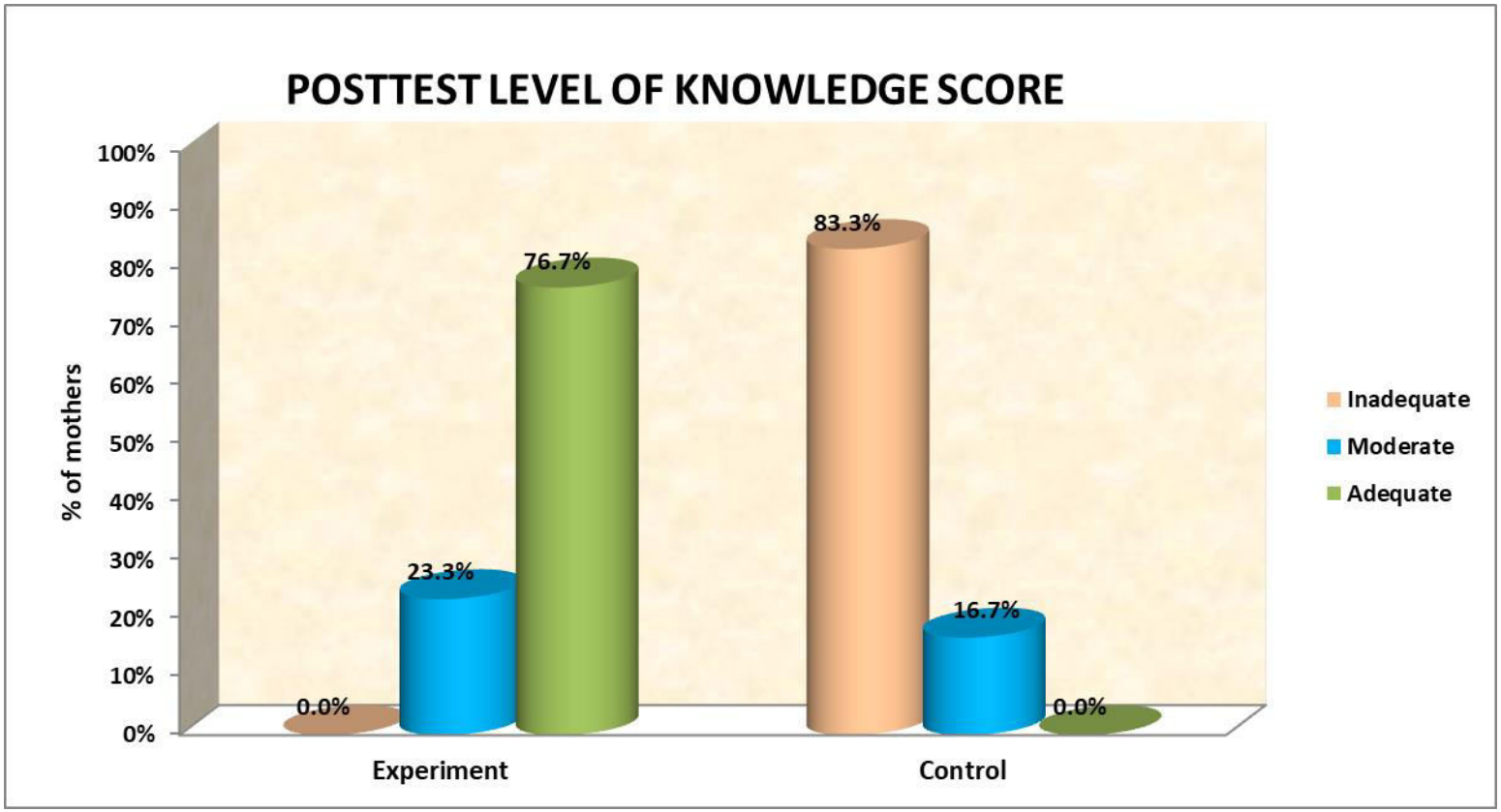


Figure.14. shows the distribution of posttest level of knowledge score

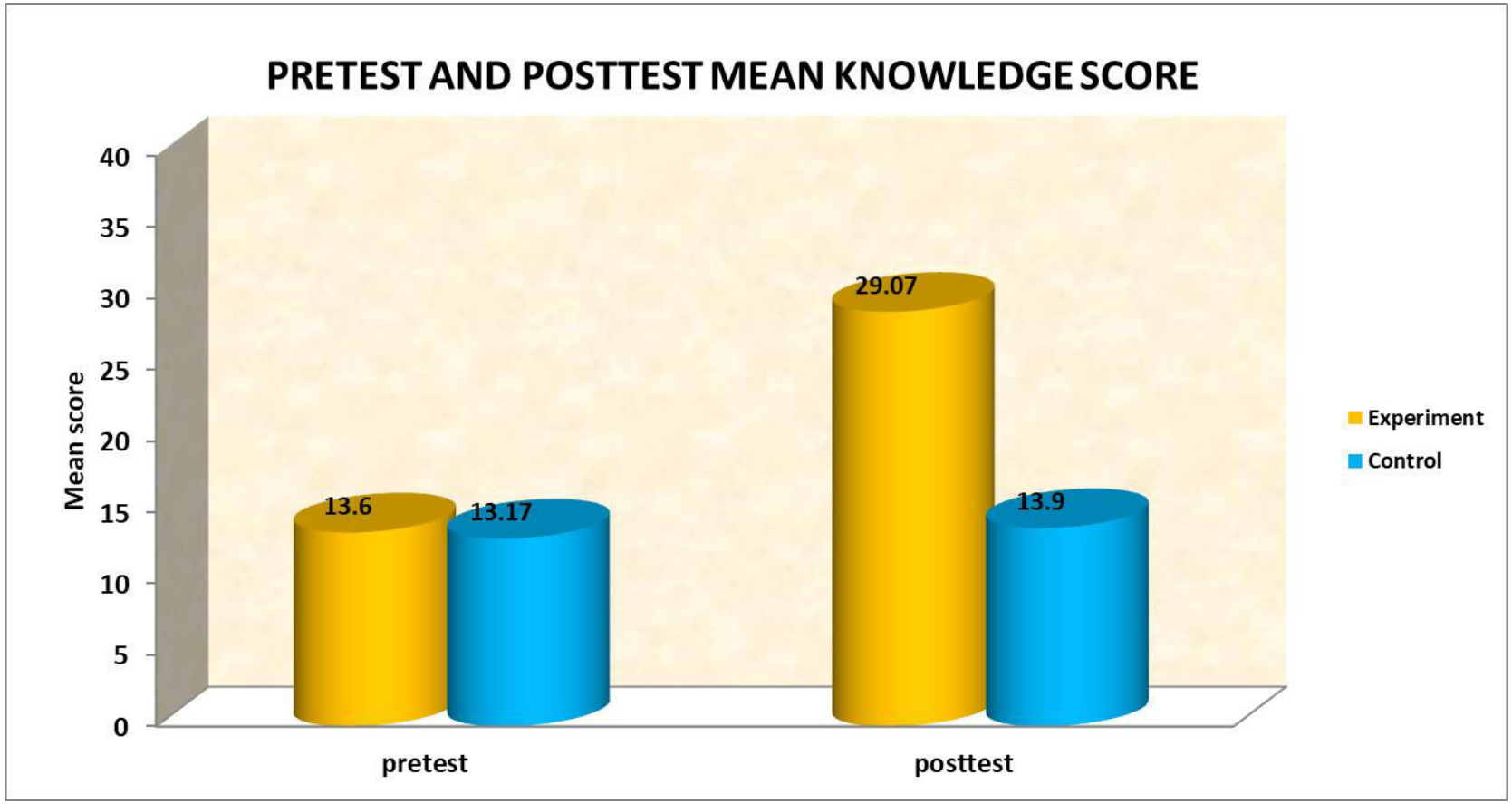


Figure.15.shows the distribution of pretest and posttest mean knowledge score

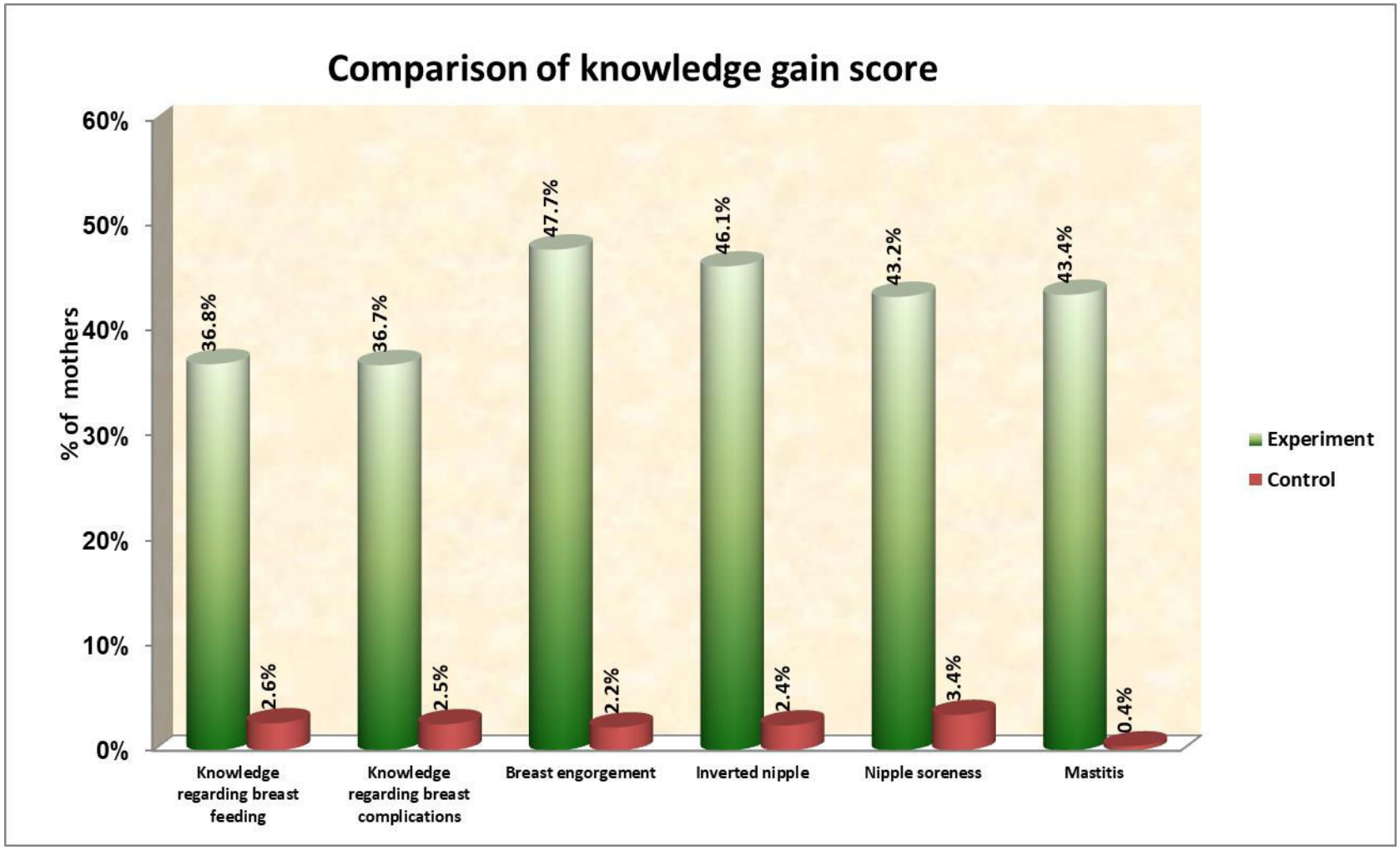


Figure.16. shows the distribution of comparison of knowledge gain score

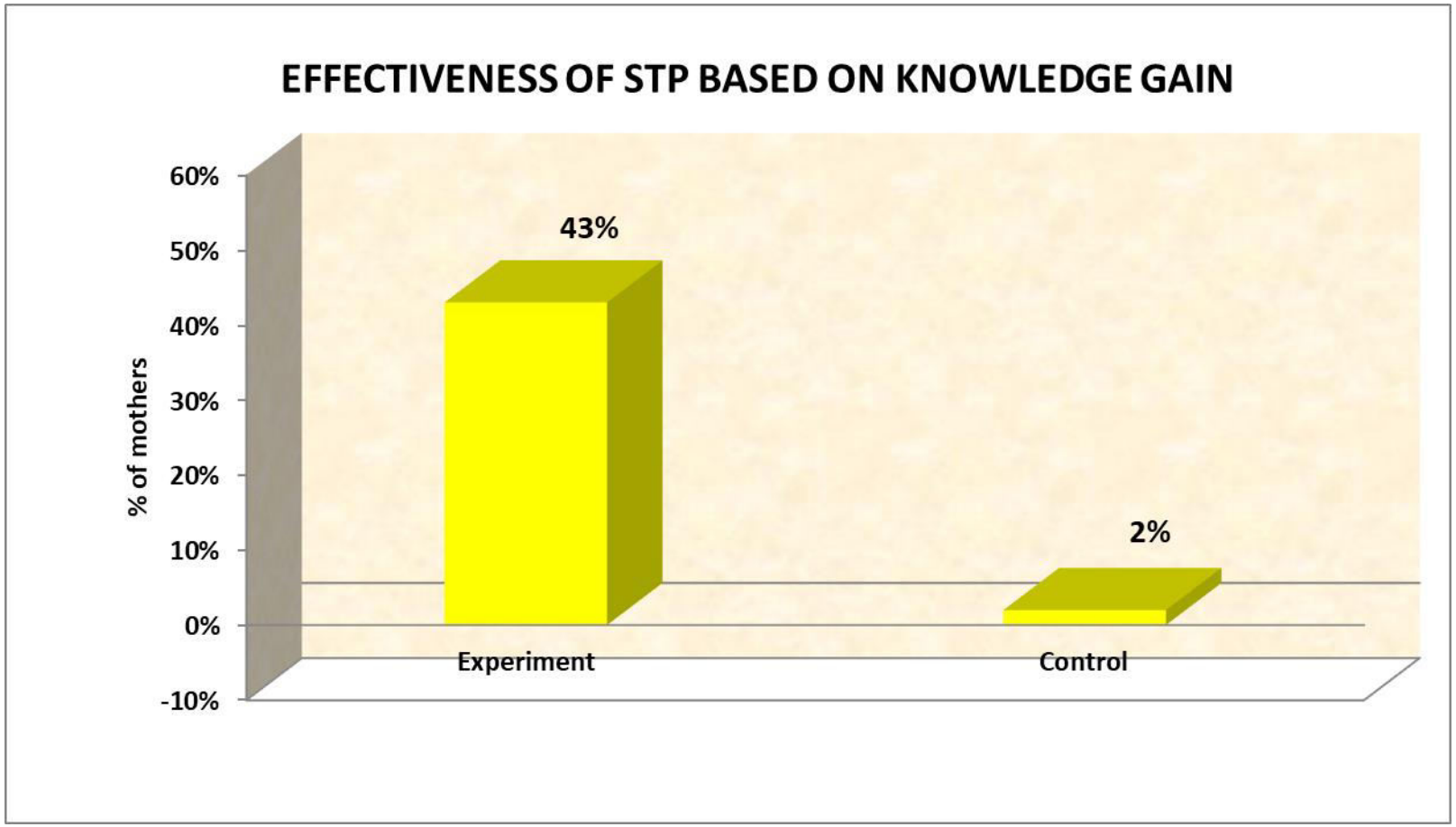


Figure.17. shows the distribution of effectiveness of STP based on knowledge gain

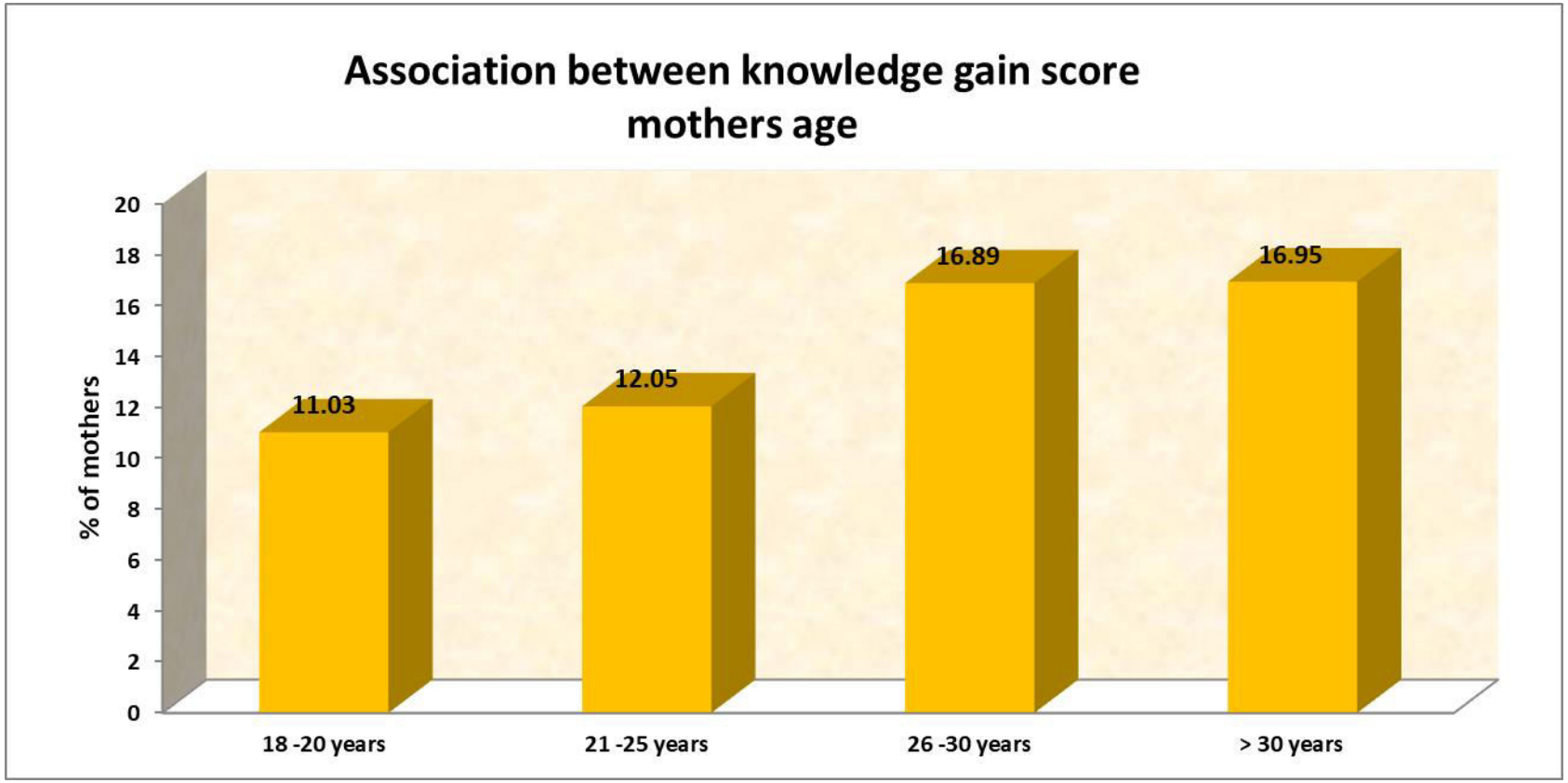


Figure.18. shows the distribution of association between knowledge gain in mothers age.

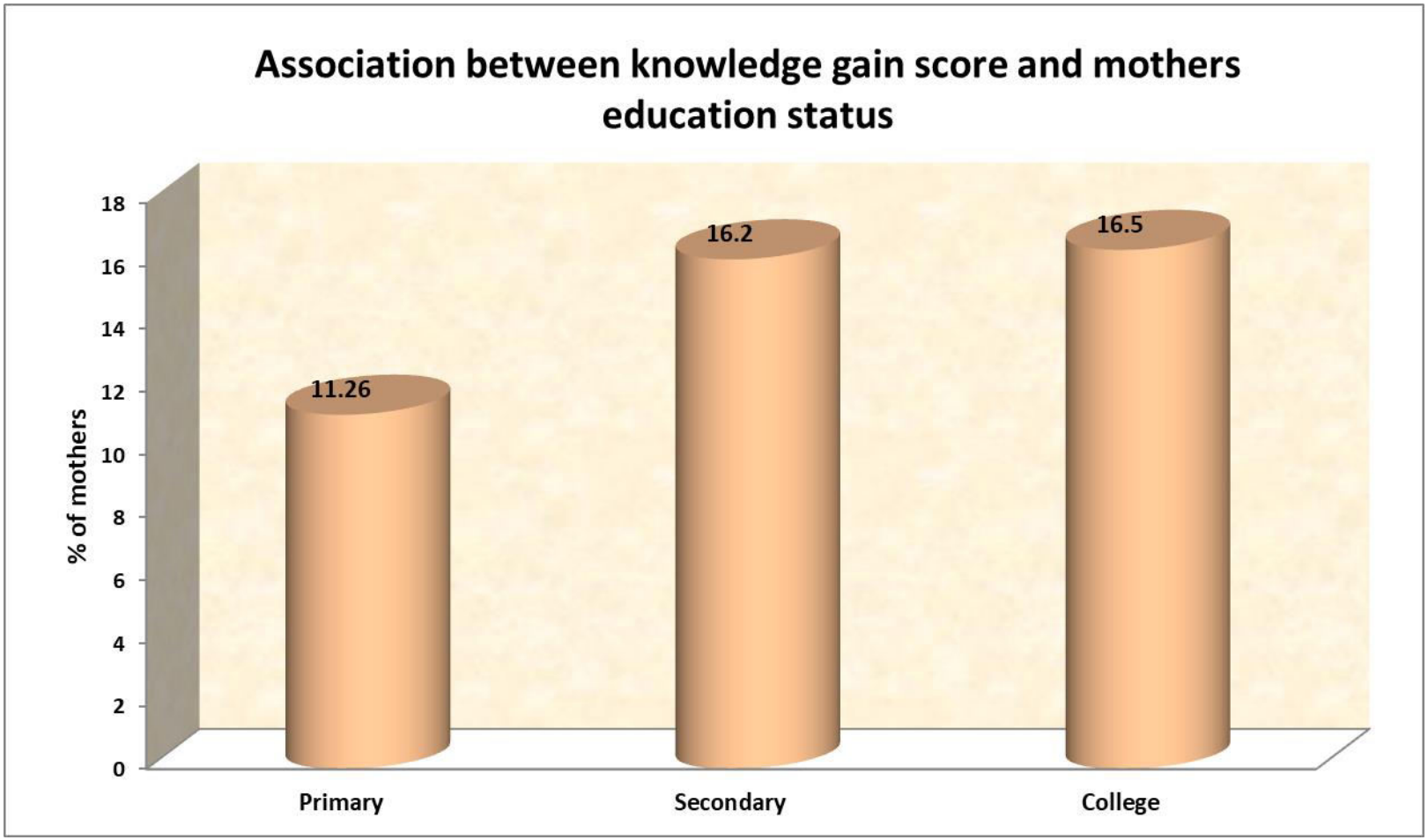


Figure.19. Shows the distribution of association between knowledge gain and mothers education status

ASSOCIATION BETWEEN KNOWLEDGE GAIN SCORE AND MOTHERS PREVIOUS KNOWLEDGE ON BREAST COMPLICATIONS

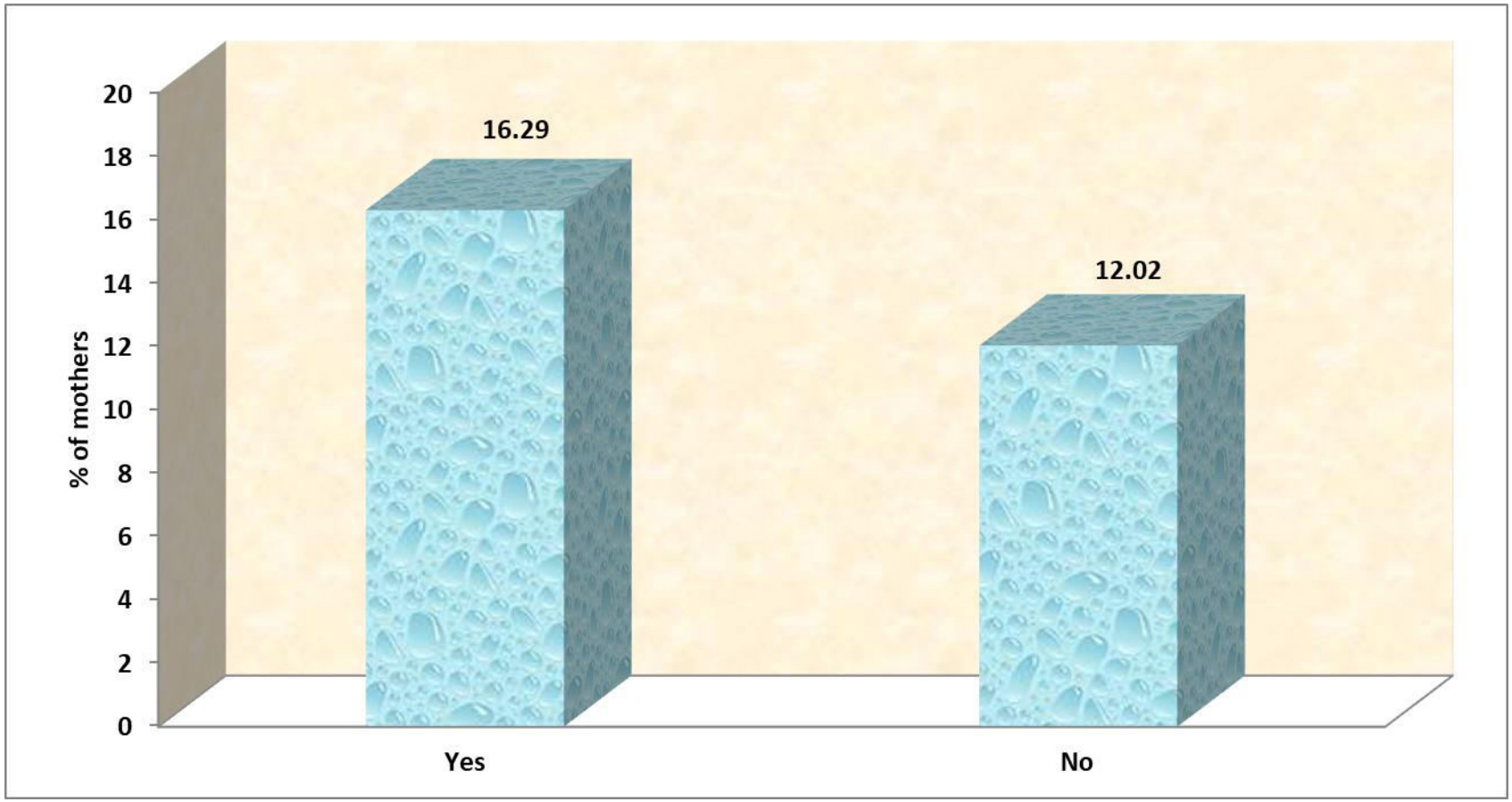


Figure.20. Distribution of association between knowledge gain score and mothers previous knowledge on breast complications

ASSOCIATION BETWEEN KNOWLEDGE GAIN AND PREVIOUS KNOWLEDGE ON PREVENTION AND MANAGEMENT OF BREAST COMPLICATION

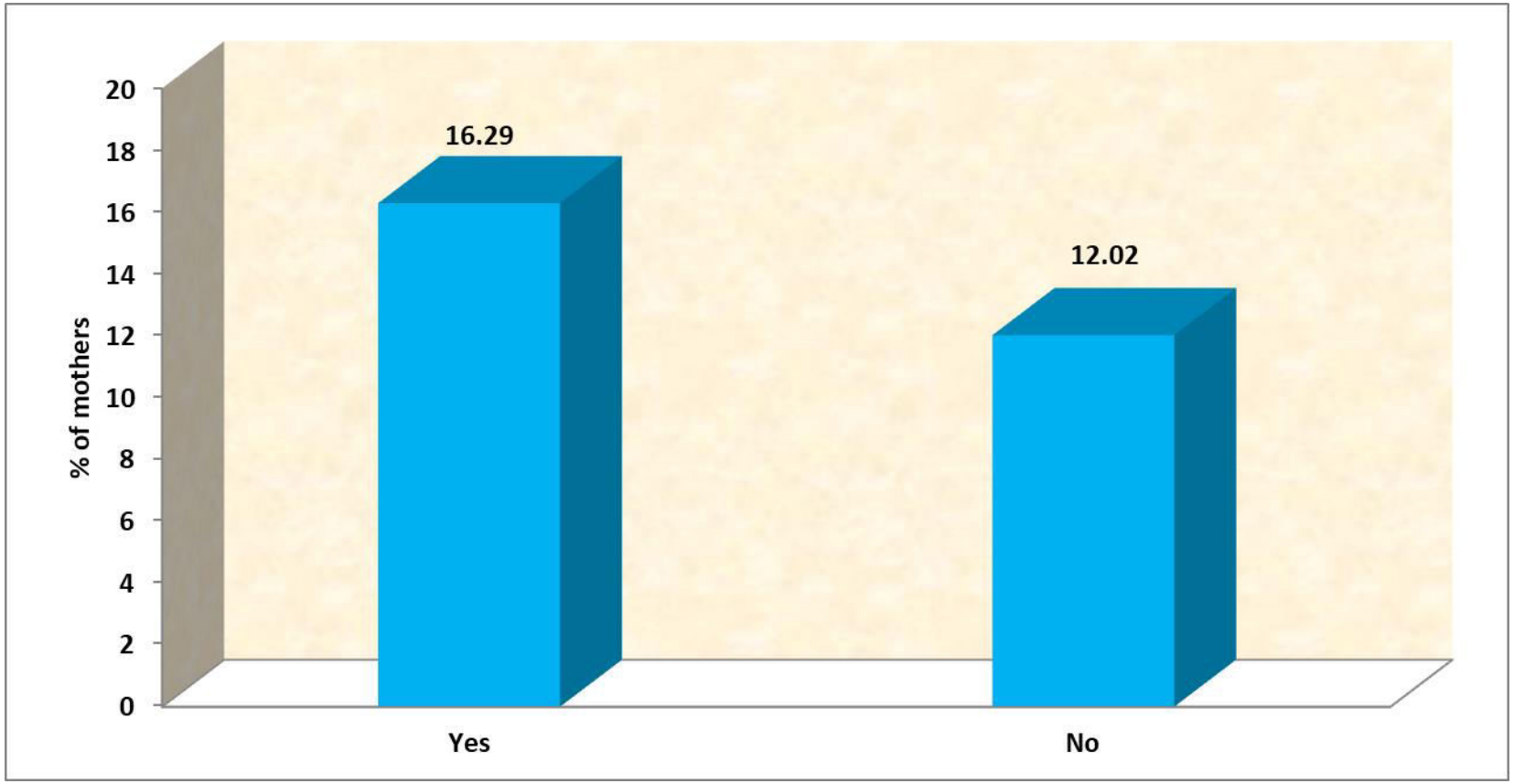


Figure 21. Distribution of association between knowledge gain and previous knowledge on prevention and management of breast complication

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
P.Savitha
I Year M.Sc.(Nursing) Student
College of Nursing
Madras Medical College
Chennai 600 003

Dear P.Savitha,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT OF SELECTED BREAST COMPLICATIONS AMONG LSCS PRIMI MOTHERS AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY, EGMORE, CHENNAI 600 008 "**
NO. 22072016.

The following members of Ethics Committee were present in the meeting hold on **12.07.2016** conducted at Madras Medical College, Chennai 3

1.Prof. C. Rajendran, MD.	Chairperson
2.Prof. Isaac Christian Moses,MD.,Dean(FAC)MMC ,Ch-3	Deputy Chairperson
3.Prof. Sudha Seshayyan, MD., Vice Principal, MMC.Ch- 3.	Member Secretary
4.Prof. B.Vasanthi,MD.,Prof of Pharmacology, MMC,	Member
5.Prof. P.Raghumani.MS., Professor of Surgery, Inst. of surgery	Member
6.Prof. Md Ali, MD.,DM., Prof & HOD of MGE, MMC,Ch-3.	Member
7.Prof. Baby Vasumathi.,MD, Director. Inst. of O&G,	Member
8.Prof. K.Ramadevi.,MD, Director, Inst of Bio-Chemistry, MMC,	Member
9.Prof. R.Padmavathy,MD., Professor, Inst.of Pathology, MMC,Ch	Member
10.Prof.S.Tito, MD, Director, Inst.of Inter Med, Ch-3.	Member
11.Tmt.J.Rajalakshmi, Junior Administrative Officer,MMC,Ch	Layperson
12.Thiru.S.Govindasamy., B.A.B.L., High Court, Chennai-1	Lawyer
13.Tmt.ArnoldSaulina, MA., MSW.,	Social Scientist

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

Lr No: 43 (S)/ CON, MMC, dt. 19.11.16

21.11.16

From

P. Savitha,

M.Sc., (N) II year,

College of Nursing,

Madras Medical College,

Chennai -03.

To

The Director,

Institute of Obstetrics and Gynecology Hospital for Women and Children,

Egmore,

Chennai -08.

Through

Principal,

College of Nursing, Madras Medical College, Chennai -03.

Respected Sir/Madam,

Sub: Requesting permission to conduct research at Institute of Obstetrics and Gynecology Hospital for Women and Children. Chennai -08.

I, M.Sc., Nursing II year student have to conduct the research study for the fulfillment of M.Sc.,(N) Programme. My topic is "A study to evaluate the effectiveness of structured teaching programme on knowledge regarding Prevention and Management of breast feeding problems among LSCS primi mothers at Institute of Obstetrics and Gynecology from 20-11-2016 to 18-12-2016. I assure that I will not disturb the routine activities of the Post-operative ward.

With due respect, I request your good self to kindly permit me to conduct this research study.

Forwarded

19/11/16

DR. V. KUMARI, M.Sc(N).,Ph.D.,
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Thanking you,

Yours sincerely,

(P.Savitha)

21/11/16

IOG & Government hospital for

Women & children . Egmore.

Chennai. 08 dated: 01.06.2017.

Sub: Training MSc nursing II year- obstetrics & Gynecological nursing – clinical practice .Dissertation, Practical examination and Lecture training in IOG & Government hospital for women & children. Egmore. Chennai. 08 dated: 31.03.2017 for the period from 20/11/2016 to 17/12/2016 Permission. Orders issued.

Ref: letter dated 20/11/2016 of the Head of Department. O & G Nursing, college of nursing. Madras Medical college, Chennai - 3.

****

As per the letter reference cited, the following the M.Sc II years students of Madras Medical College, Chennai -3 are permitted to undergo the clinical experience, lectures classes. University practical examination and also to carry out dissertation work in IOG & Government hospital for women & children. Egmore. Chennai- 8 for the period from 20 /11/2016 to 17/12/2016 under the guidance of the Assistant Professor of O & G mentioned against their names.

S.No	Name of the students	Name of the Assistant professor of O & G of this hospital.
1	Mrs. Alagirisamy anitha	Dr. kavitha
2	Mrs. R. Bama	Dr. sumathi
3	Mrs. J. Dhanalakshmi	Dr. A. vijayalakshmi
4	Ms. B. Hemalatha	Dr. P. Priyadharshini.
5	Ms. R. Revathi	Dr. R.Sridevi
6	Mrs. P. Savitha	Dr. sadhana.
7	Mrs. Shanthi Grace	Dr.chandrakala
8	Mrs. Subbulakshmi	Dr. K. Priyadharshini.

Director and Superintendent

Director and Superintendent
Institute of Obstetrics and
Gynaecology and Govt. Hospital
for Women and Children
EGMORE, MADRAS-8

To

The individuals concerned

Copy to

Dr. K. Priyadharshini. Assistant Professor of O & G, IOG and Government Hospital for women and Children, Egmore. Chennai- 8.

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs.P.Savitha, M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in her study titled,**"A study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among lscs primipara mothers at Institute of Obstetrics and Gynecology, Egmore, Chennai-08"**, has been validated by the undersigned. The suggestion and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with Seal

Assistant Surgeon
I.O.G. & Government Hospital
For Women and Children
Egmore, Chennai-8.

T. SADHANA
ASST PROF
IOG
EGMORE

Name:

Designation:

Place:

Date:

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by **P.SAVITHA,** M.Sc Nursing II year, College of nursing, Madras Medical college which is to be used in her study titled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT OF SELECTED BREAST FEEDING PROBLEMS AMONG LSCS PRIMI MOTHERS IN INSTITUTE OF OBSTETRICS AND GYNECOLOGY,EGMORE, CHENNAI."** Has been validated by the undersigned. The suggestions and modification given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

11/5/16

SIGNATURE WITH SEAL

PROF. Dr. ROSALINE RACHEL, M.Sc., (N), Ph.D.,(N),
PRINCIPAL
MMM COLLEGE OF NURSING
No.131, SAKTHI NAGAR,
NOLAMBUR, CHENNAI - 600 095.

NAME :

DESIGNATION :

COLLEGE :

PLACE :

DATE :

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by **P.SAVITHA,** M.Sc Nursing II year, College of nursing, Madras Medical college which is to be used in her study titled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT OF SELECTED BREAST FEEDING PROBLEMS AMONG LSCS PRIMI MOTHERS IN INSTITUTE OF OBSTETRICS AND GYNECOLOGY,EGMORE, CHENNAI."** Has been validated by the undersigned. The suggestions and modification given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SIGNATURE WITH SEAL

NAME : Mrs. T. Amutha.

DESIGNATION : Associate Professor.

COLLEGE : Omayal Achi college of Nsg.

OMAYAL ACHI COLLEGE OF NURSING
No. 45, Ambattur Road, PUZHAL,
CHENNAI-600 066

PLACE : Puzhal.

DATE : 19.11.16.

CERTIFICATE

This is to certify that the dissertation work "A study to evaluate the structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers at Institute of Obstetrics and Gynaecology, Chennai", done by Mrs. P.Savitha, M.Sc., (N) II-year student, College of Nursing, Madras Medical College, Chennai – 03 is edited for English language appropriateness.

Place: Chennai

Date: 30.7.2014

Signature
GITA SUBRAMANIAN

VEE CARE COLLEGE OF NURSING
No. 1/5, Chettiar Agaram Road,
Sivanthangal Village,
Chennai-600 095.

CERTIFICATE

This is to certify that the dissertation work "A Study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers at Institute of Obstetrics and Gynaecology, Chennai", done by Mrs. P.Savitha, M.Sc., (N) II-year student, College of Nursing, Madras Medical College, Chennai – 03 is edited for Tamil language appropriateness.

Place:

Date:

Signature

Designation

தமிழாசிரியை
எம்.பி.என். அரசினர் பெண்கள் மேல்நிலைப்பள்ளி
குரோம்பேட்டை, சென்னை-600 044.

APPENDICES

DESCRIPTION OF THE TOOL

INSTRUCTIONS:-

- Kindly go through each item and give your responses in the box provided against each item.
- Enter the alphabet corresponds your answer in the bracket.
- Please make sure that you have answered all for all the items.

PART-A BASE LINEDATA

Sample No:__

1) Age [ ]
   a) 18-20years.
   b)21-25years.
   c) 26-30years.
   d) 31years and above.

2) Religion [ ]
   a) Hindu
   b) Christian
   c) Muslim
   d) Any other specify

3) Type of the family [ ]
   a) Nuclear family
   b) Joint family
   c) Extended family

4) Educational status. [ ]
   a) Primary and secondary education
   b) P.U.C.

5) Occupation [ ]
   a) Private employee
   b) Government employee
   c) Self/Business
   d) Housewife

6) Dietary habits. [ ]
   a) Vegetarian.
   b) Vegetarian and non-vegetarian

7) Place of residence [ ]
   a) Rural
   b) Urban

8) Did you get any information regarding selected breast complications? [ ]
   a) Yes
   b) No

9) Did you get any information regarding prevention and management of selected breast complications? [ ]

   a) Yes
   b) No

10) If yes, Source of information [ ]
   a) Family members
   b) Health professionals
   c) Mass media
   d) Not applicable

PART-B

STRUCTURED QUESTIONNAIRES

SECTION-A: Knowledge regarding breast feeding

1) What is meant by breastfeeding? [ ]
   a) Feeding through bottle
   b) Feeding through mother's breast
   c) Feeding through pacifier

2) What are all the advantages of breast milk except **[ ]**
   a) Economical
   b) Available at correct temperature
   c) More time consuming for preparation.

3) What is Exclusive breastfeeding? [ ]
   a) Giving cows milk only
   b) Giving breast milk only upto six months
   c) Giving breast milk and also cows milk

4) How often breast feeding should be given? [ ]
   a) Should be given on demands
   b) 4 times a day
   c) 3 times a day

5) How long the baby should be fed from the breast at a time? [ ]
   a) For 5-10min
   b) For10-20min
   c) For20-30min

SECTION-B: Knowledge regarding breast complications

6) Which mothers usually will have more exposure to breast complications? [ ]
   a) Normal vaginal delivery mothers
   b) Cesarean mothers
   c) None of both

7) What is one of the cause for the occurrence of breast complications? [ ]
   a) Infection of the breast
   b) Delayed breastfeeding
   c) Pain in the breast

8) What is the factor contributing to the delayed initiation of breast feeding? [ ]
   a) Pain at the surgical site
   b) General weakness
   c) Religious belief

9) How the occurrence of breast complications can be prevented? [ ]
   a) Delayed initiation of breastfeeding
   b) Not to feed the baby
   c) Early initiation of breastfeeding

SECTION-C: Knowledge regarding prevention and management of selected breast complications

BREAST ENGORGEMENT

10) What is breast engorgement? [ ]
   a) Painful swelling of the breasts
   b) Redness of the breasts
   c) Enlargement of the breasts

11) What causes breast engorgement? [ ]
   a) Increased frequency of breastfeeding
   b) Feeding on demand
   c) Sudden hormonal changes and increased milk volume

12) Which is the sign to find the breast engorgement? [ ]
   a) Pricking sensation of the nipple
   b) Hardness and fullness of the breast
   c) No expression of milk

13) How to prevent breast engorgement? [ ]
   a) Massaging the breast with coconut oil
   b) Early initiation of breastfeeding
   c) Feeding through bottle

14) How to relive breast engorgement? [ ]
   a) Apply warm compress before nursing and a cold compress after wards
   b) Placing raw cabbage leaves over the breasts
   c) Both

15) What is the complication of breast engorgement? [ ]
   a) Nipple soreness
   b) Mastitis Breast abscess

INVERTED NIPPLE

16) What is meant by inverted nipple? [ ]
   a) Retraction of the nipple into the breast
   b) Protrusion of nipple outside the breast
   c) Fissures in nipple

17) Which is the cause for inverted nipple? [ ]
   a) Inappropriate breast feeding technique
   b) Adhesions at the base of the nipple that bind the skin to the underlying skin
   c) Frequent breastfeeding

18) Which is the common problem that can be seen in nursing mothers due to inverted nipple? [ ]
   a) Breast engorgement
   b) Mastitis
   c) Nipple soreness

19) Which test is helpful in finding the inverted nipple? [ ]
   a) Blood test
   b) Pinch test
   c) Scanning of the nipple

20) Which technique is helpful to correct inverted nipple? [ ]
   a) Hoffman technique
   b) Breast massage
   c) Breast pump

21) What is Hoffman technique? [ ]
   a) Pulling out of nipple using thread
   b) Pulling out of nipple using syringe
   c) It is the pulling out of the nipple by placing the thumb and index finger at the base of the nipple

22) How to manage inverted nipple? [ ]
   a) Syringe method
   b) Stop breast feeding
   c) Applying olive oil over the nipple to pull out the nipple

NIPPLE SORENESS

23) What is meant by nipple soreness? [ ]
   a) Lesion in the nipple
   b) Fissures in the nipple
   c) Oedema in the nipple

24) Which is the factor to cause nipple soreness? [ ]
   a) Early initiation of breastfeeding
   b) Increased frequency of breastfeeding
   c) Incorrect latch on and sucking

25) What is the sign of nipple soreness? [ ]
   a) Crack in the nipple
   b) Burning sensation in the nipple
   c) Ulceration in the nipple

26) How to prevent soreness of nipple? [ ]
   a) Proper latch-on
   b) Apply coconut oil over the nipple
   c) Discontinue the breastfeeding

27) What is the management of nipple soreness? [ ]
   a) Stop breastfeeding
   b) Gently rub a drop of expressed breast milk into the sore area
   c) Apply warm compress over nipple

MASTITIS

28) What is meant by mastitis? [ ]
   a) Inflammation of the breast tissue
   b) Inflammation of the nipple
   c) Inflammation of the arteries

29) Which is the risk factor to precipitate mastitis? [ ]
   a) Sore nipple
   b) Inverted nipple
   c) Cracked nipple

30) How the mastitis is caused? [ ]
   a) Inverted nipple
   b) Poor hygiene of the breast
   c) Poor drainage of milk from part (or) all of the breast

31) Which is the causative organism of mastitis? [ ]
   a) Staphylococcus aureus
   b) Entameba
   c) Herps simplex virus

32) How the organism enters the body? [ ]
   a) Through the crack in the body
   b) Through water
   c) Through cracked nipple

33) What are the symptoms of mastitis? [ ]
   a) Pain and redness
   b) Swelling of the breast
   c) Both

34) How the mastitis can be prevented? [ ]
   a) Stop breastfeeding
   b) Continue the breast feeding
   c) Taking medications

35) What is the management of mastitis? [ ]
   a) Discontinue the breastfeeding
   b) Applying warm compress before feeding and gently massaging The breast
   c) Starting artificial feeds

36) What is the complication of mastitis? [ ]
   a) Nipple soreness
   b) Breast engorgement
   c) Breast abscess

BLUE PRINT OF STRUCTURED QUESTIONNAIRE

Total number of question items =36

SI No	DOMAINS	QUESTIONS	TOTAL	PERCENTAGE
1	Knowledge regarding breast feeding	1, 2, 3, 4, 5	05	14.28 %
2	Knowledge regarding breast complications	6, 7, 8, 9	04	11.42%
3	Knowledge regarding prevention and management of selected breast complications	10,11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	27	74.25 %

ANSWER KEY SHEET

Item	Correct	Score
1.	B	1
2.	C	1
3.	B	1
4.	A	1
5.	B	1
6.	B	1
7.	B	1
8.	A	1
9.	C	1
10.	A	1
11.	C	1
12.	B	1
13.	B	1
14.	C	1
15.	B	1
16.	A	1
17.	B	1
18.	C	1

Item	Correct Answer	Score
19.	B	1
20.	A	1
21.	C	1
22.	A	1
23.	A	1
24.	C	1
25.	C	1
26.	A	1
27.	B	1
28.	A	1
29.	A	1
30.	C	1
31.	A	1
32.	C	1
33.	C	1
34.	B	1
35.	B	1
36.	C	1

Scoring pattern:-

Maximum Score: 36

Minimum Score: 0

For each correct answer will be given (1) mark

For each incorrect answer will be given zero (0) mark

பகுதி - அ

சுயவிவர கேள்விகள்

1) வயது [ ]

a) 18 - 20 வயது

b) 21 – 25வயது

c) 26 – 30வயது

d) 31 வயதுஅதற்குமேல்

2) மதம் [ ]

a) இந்து

b) கிருத்துவர்

c) முஸ்லிம்

d) வேறுமதம்

3) குடும்பவகை [ ]

a) தனி குடும்பம்

b) கூட்டு குடும்பம்

c) பெரிய குடும்பம்

4) படிப்பு நிலை [ ]

a) ஆரம்ப மற்றும் உயர் கல்வி

b) உயர்நிலை கல்வி

c) பட்டபடிப்பு

5) வேலை [ ]

a) தனியார் ஊழியர்

b) அரசு ஊழியர்

c) சொந்த தொழில்

d) வீட்டு மனையாள்

6) உணவு பழக்கம் [ ]

a) சைவம்

b) சைவம் மற்றும் அசைவம்

7) வாழ்விட பகுதி [ ]

a) கிராமம்

b) நகரம்

8) உங்களுக்கு தாய்ப்பால் ஊட்டும் போது ஏற்படும் மார்பக பிரச்சனைகள் பற்றி தெரியுமா? [ ]

a) ஆம்

b) இல்லை

9) உங்களுக்கு அவ்வாறு வரும் பிரச்சனைகள் தடுக்கவும் மற்றும் என்ன செய்ய வேண்டும் என்று தெரியுமா? [ ]

a) ஆம்

b) இல்லை

10) ஆம் என்றால், எவ்வாறு தெரியும் [ ]

a) குடும்ப உறுப்பினர் மூலம்

b) சுகாதார ஊழியர் மூலம்

c) ஊடகம் மூலம்

d) எதுவும் இல்லை

பகுதி - ஆ

வடிவமைக்கப்பட்ட கேள்விகள்

பிரிவு - A : தாய்ப்பால் ஊட்டுதல் பற்றிய அறிவு

1) தாய்ப்பால் ஊட்டுதல் என்றால் என்ன? [ ]

a) புட்டி பால்

b) தாய்ப்பால்

c) இது தவிர

2) இது தவிர்த்து மற்றவை தாய்ப்பால் ஊட்டுதலின் நன்மைகள் [ ]

a) சிக்கனமானது

b) சரியான வெப்பத்தில் கிடைக்கும்

c) தயாரிக்க நிறைய நேரம் எடுக்கும்

3) பிரத்யோகமாக தாய்ப்பால் மட்டும் ஊட்டுதல் என்றால் என்ன? [ ]

a) பசும்பால் மட்டும் கொடுத்தல்

b) தாய்ப்பால் மட்டுமே ஆறு மாதம் கொடுத்தல்

c) தாய்ப்பால் மற்றும் பசும்பால் கொடுத்தல்

4) எப்போது எல்லாம் தாய்ப்பால் கொடுக்க வேண்டும்? [ ]

a) குழந்தை அழுகும் போது எல்லாம்

b) ஒரு நாளுக்கு 4 முறை

c) ஒரு நாளுக்கு 3 முறை

5) ஒவ்வொரு முறையும் தாய்ப்பால் எவ்வளவு நேரம் பாலுட்ட வேண்டும்? [ ]

a) 5 – 10 நிமிடம் வரை

b) 1 – 2 நிமிடம் வரை

c) 2 - 3 நிமிடம் வரை

பிரிவு - B : தாய்ப்பால் ஊட்டும் போது ஏற்படும் மார்பக பிரச்சனைகள் பற்றிய அறிவு

6) எத்தகைய தாய்களுக்கு மார்பக பிரச்சனைகள் வர வாய்ப்புகள் அதிகம்? [ ]

a) சுக பிரசவம் ஆன தாய்கள்

b) அறுவை சிகிச்சை மூலம் குழந்தை பெற்ற தாய்கள்

c) இவர்கள் யாரும் இல்லை

7) மார்பக பிரச்சனைகள் ஏற்பட இதில் எது காரணமாகும்? [ ]

a) மார்பகத்தில் தொற்று

b) தாமதமாக தாய் பால் ஊட்ட ஆரம்பித்தல்

c) மார்பகத்தில் வலி இருப்பதனால்

8) எந்த காரணம் தாய்ப்பால் ஊட்ட தாமதத்திற்கு வழி வகுக்கும்? [ ]

a) அறுவை சிகிச்சையின் வலியால்

b) உடல் சோர்வு

c) மத நம்பிக்கை

9) மார்பக பிரச்சனை ஏற்படாமல் எவ்வாறு தடுக்கலாம்? [ ]

a) தாமதமாக தாய்ப்பால் ஊட்ட ஆரம்பித்தல்

b) குழந்தைக்கு பால் ஊட்ட வேண்டாம்

c) பிரசவித்த உடனே குழந்தைக்கு தாய்ப்பால் கொடுத்தல்

பிரிவு - C : மார்பக பிரச்சனைகளை தடுக்கும் முறை மற்றும் சிகிச்சை பற்றிய அறிவு

பால் கட்டிகொள்வது

10) பால் கட்டி கொள்ளுதல் என்றால் என்ன? [ ]

a) மார்பகம் வலியுடன் வீக்கம்

b) மார்பகம் சிவந்து இருத்தல்

c) மார்பகம் பெரியதாக இருத்தல்

11) பால் கட்டி கொள்ள காரணம் என்ன? [ ]

a) அடிக்கடி தாய்ப்பால் கொடுப்பதால்

b) குழந்தை அழும் போது மட்டும் தாய்ப்பால் கொடுப்பதால்

c) திடிரென உடல் சுரப்பி மாற்றம் மற்றும் பால் அளவு அதிகரிப்பதால்

12) எந்த அறிகுறியை வைத்து பால் கட்டி உள்ளது என்று கண்டு பிடிக்கலாம்? [ ]

a) காம்புகளில் குத்தும் உணர்வு

b) மார்பகம் கடினமாகவும் மற்றும் பால் நிரம்பி இருத்தல்

c) பால் வெளியேறவில்லை

13) பால் கட்டி கொள்ளுவதை எப்படி தடுக்கலாம்? [ ]

a) தேங்காய் எண்ணெய்யை மார்பகத்தில் தடவுதல்

b) சீக்கிரமாக தாய்ப்பால் ஊட்ட ஆரம்பித்தல்

c) பால்புட்டியில் பால் ஊட்டுதல்

14) பால் கட்டி கொண்டால் எப்படி விடுபடலாம்? [ ]

a) பால் கொடுப்பதற்கு முன்பு சூடான ஒத்தடம், பின்னர் குளிர் ஒத்தடம் அளிக்கலாம்

b) முட்டை கோஸ் இலைகளை மார்பின் மேல் வைப்பதால்

c) இவை இரண்டும்

15) பால் கட்டி கொள்வதன் பின் விளைவு என்ன? [ ]

a) காம்பில் புண்

b) மார்பக நோய் தொற்று

c) மார்பக சீழ்கட்டி

அமிழ்த்திய முலைக்காம்பு

16) அமிழ்த்திய முலைக்காம்பு என்றால் என்ன? [ ]

a) மார்பக முலை காம்பு உள்வாங்கி இருப்பது

b) மார்பக முலை காம்பு வெளி புடைத்து நிற்பது

c) முலைக்காம்பில் வெடிப்புகள்

17) அமிழ்த்திய முலை காம்பிற்கு காரணம் என்ன? [ ]

a) தவறான பால் ஊட்டும் முறை

b) முலைக்காம்பின் அடியில் திசு தோலோடு ஒட்டி இருப்பதால்

c) அடிக்கடி பால் ஊட்டுவதால்

18) பால் ஊட்டும் தாய்களுக்கு அமிழ்த்திய [ ]
முளைக்காம்பால் ஏற்படும் சாதாரண பிரச்சனை என்ன?

a) பால் கட்டி கொள்ளுதல்

b) மார்பக நோய் தொற்று

c) மார்பக முலை காம்பு புண்

19) எந்த பிரச்சனை அமிழ்த்திய முலைக்காம்பு கண்டறிய [ ]
உதவியாக இருக்கும்?

a) இரத்த பரிசோதனை

b) கிள்ளும் பரிசோதனை

c) முலைகாம்பை ஸ்கேன் செய்வது

20) எந்த முறை கொண்டு அமிழ்த்திய முலைகாம்பை [ ]
சரிசெய்ய உதவியாக இருக்கும்?

a) ஹாஃப்மேன் நுட்பம்

b) மார்பக மசாஜ்

c) பால் பீச்சும் கருவி

21) ஹாஃப்மேன் நுட்பம் என்றால் என்ன? [ ]

a) நூல் கொண்டு முலைக்காம்பு வெளி இழுப்பது

b) சிரிஞ்ச் கொண்டு முலைகாம்பு வெளி எடுப்பது

c) முளைகாம்பின் அடியில் பெருவிரல் மற்றும் ஆட்காட்டி விரல் வைத்து முலைக்காம்பினை வெளி இழுப்பது

22) அமிழ்த்திய முலைக்காம்பிற்கு என்ன சிகிச்சை? [ ]

a) சிரிஞ்ச் முறையில்

b) பால் ஊட்டுவதை நிறுத்துதல்

c) ஆலிவ் எண்ணெய் முலைக்காம்பின் மீது தடவி முலைக்காம்பை வெளி இழுப்பது

முலைக்காம்பு புண்

23) முலைக்காம்பு புண் என்றால் என்ன? [ ]

a) முலைக்காம்பு சிதைவு
b) முலைக்காம்பு வெடிப்பு
c) முலைக்காம்பு வீக்கம்

24) முலைக்காம்பு புண் ஏற்பட காரணம் எது? [ ]

a) சீக்கிரமாக பால் ஊட்ட ஆரம்பித்தல்
b) அடிக்கடி பால் ஊட்டுவதால்
c) தவறான முறையில் குழந்தை வாய்வைத்தல் மற்றும் பால் குடித்தல்

25) முலைக்காம்பு புண்ணின் அறிகுறி என்ன? [ ]

a) முலைக்காம்பில் வெடிப்பு
b) முலைக்காம்பில் எரிச்சல் உணர்வு
c) முலைக்காம்பில் புண்

26) முலைக்காம்பு புண்ணை எவ்வாறு தடுக்கலாம்? [ ]

a) குழந்தை சரியான முறையில் வாய்வைத்து குடித்தல்
b) தேங்காய் எண்ணெய் முலைக்காம்பு மீது தடவுதல்
c) பால் ஊட்டுதலை நிறுத்துவது

27) முலைக்காம்பு புண்ணை எவ்வாறு சரி செய்வது? [ ]

a) பால் ஊட்டுவதை நிறுத்துதல்
b) புண்ணான இடத்தில ஒரு சொட்டு தாய்பால் கொண்டு மெதுவாக துடைப்பது
c) முலைக்காம்பின் மீது வெதுவெதுப்பான ஒத்தடம் அளிக்கவும்

மார்பக வீக்கம்

28) மார்பக வீக்கம் என்றால் என்ன? [ ]

a) மார்பக திசுக்களில் வீக்கம்
b) முலைக்காம்பில் வீக்கம்
c) ரத்த நாளங்களின் வீக்கம்

29) மார்பக வீக்கம் ஏற்பட இடர் காரணம் என்ன? [ ]

a) முலைக்காம்பில் புண்
b) அமிழ்த்திய முலைக்காம்பு
c) முலைக்காம்பு வெடிப்பு

30) எப்படி மார்பக வீக்கம் ஏற்படுகிறது? [ ]

a) அமிழ்த்திய முலைக்காம்பு

b) மார்பக சுத்தமின்மை

c) மார்பகத்தில் ஒரு பகுதியில் (அ) எல்லா பகுதியில் இருந்து பால் வடியாமல் இருப்பதால்

31) மார்பக வீக்கத்திற்கு காரணமான நோய் கிருமி எது? [ ]

a) ஸ்டபைலோகோச்கிஸ் ஆரியஸ்

b) என்டஅமிபா

c) ஹெர்ப்ஸ் சிம்ப்லெக்ஸ் வைரஸ்

32) நுண்கிருமி எப்படி உடலில் நுழைகிறது? [ ]

a) உடலில் வெடிப்பு மூலம்

b) தண்ணீர் மூலமாக

c) முலைக்காம்பு வெடிப்பு மூலம்

33) மார்பக வீக்கத்தின் அறிகுறிகள் என்ன? [ ]

a) வலியுடன் சிவந்து இருப்பது

b) மார்பகம் வீங்கி இருப்பது

c) இவை இரண்டும்

34) மார்பக வீக்கம் எவ்வாறு தடுக்கலாம்? [ ]

a) பால் ஊட்டுவதை நிறுத்துவது

b) தொடர்ந்து தாய்ப்பால் ஊட்டுவது

c) மருந்துகள் உட்கொள்வது

35) மார்பக வீக்கத்திற்கு சிகிச்சை என்ன? [ ]

a) தாய்ப்பால் ஊட்டுவதை நிறுத்துவது

b) பால் ஊட்டுவதற்கு முன் வெதுவெதுப்பான ஒத்தடம் அளிப்பது மற்றும் மென்மையாக மசாஜ் செய்வது

c) செயற்கை உணவு ஆரம்பித்தல்

36) மார்பக வீக்கத்தின் பின் விளைவு என்ன? [ ]

a) முலைக்காம்பு புண்

b) பால் கட்டி கொள்ளுதல்

c) மார்பக சீழ்க்கட்டி

GENERAL OBJECTIVES

After the administration of structured teaching programme the mothers can able to understand about prevention and management of selected breast complications.

SPECIFIC OBJECTIVES:

After receiving the structured teaching programme the LSCS primi mothers can able to

a. Explain the general concept of breast feeding
b. Enlist the breast complications
c. How the breast complications can be prevented
d. Explain in detail about breast engorgement
e. Enumerate inverted nipple
f. Describe about soreness of nipple
g. Explain in detail about mastitis

Time	Specific objectives	Content	Teachers activity	Learner‟s activity	A.V aids	Evaluation
5min	To introduce the topic.	**Introduction** Breastfeeding is considered as one of the most natural and intimate of all human interactions. There are no bottles to sterilize and no formula to buy, measure and mix. Breast feeding is the process of feeding through mothers breast. There are many advantages of breast feeding, it is economical readily available, available at correct temperature etc… Breast feeding should be done on demands. Baby should be fed 10-20 min at a time. There are common problems that many women may experience while trying to breast feed. An exclusively breastfeed baby depends on breast milk completely up to 6 months. Approximately 33% of all postnatal women experiences some degree of breast problems in the first 2 weeks. The occurrence of breast feeding problems are more common in LSCS mothers. Breast problems often cited as the major reasons for stopping breastfeeding.	Lecturing	Listening	Nil	

2min 5min	Enlist the breast complication Explain in detail about breast engorgement	Breastfeeding is more difficult after a cesarean for many reasons, these may include maternal pain & fatigue, blood loss, interference from medications etc. These negatively affects breastfeeding which leads to the development of breast problems. Breast complications include engorged breast, sore nipple, inverted nipple, cracked nipple, plugged milk duct, mastitis, breast abscess. Encouragement for early initiation of breast feeding prevent the occurrence of breast complications. **<u>BREAST ENGORGEMENT</u>** **Definition:** It is the sense of breast fullness experienced by most women after three days of delivery. **Cause:** Sudden hormonal changes and increased milk volume **Symptoms:** • Breasts becomes swollen, hard and	Lecturing Lecturing	Listening Listening	Flash card	

		tender. • Painful breast feeding • Generalized malaise **Prevention:** • Early initiation of breast feeding. • Frequent breast feeding. **Management:** • Applying warm compress before nursing and cold compress after nursing. • Manual expression of milk • Placing raw cabbage leaves over breasts. • Apply ice packs to breasts for 15-20min in between feedings to reduce swelling. **Complication:** Mastitis	Lecturing	Listening	Flash card	

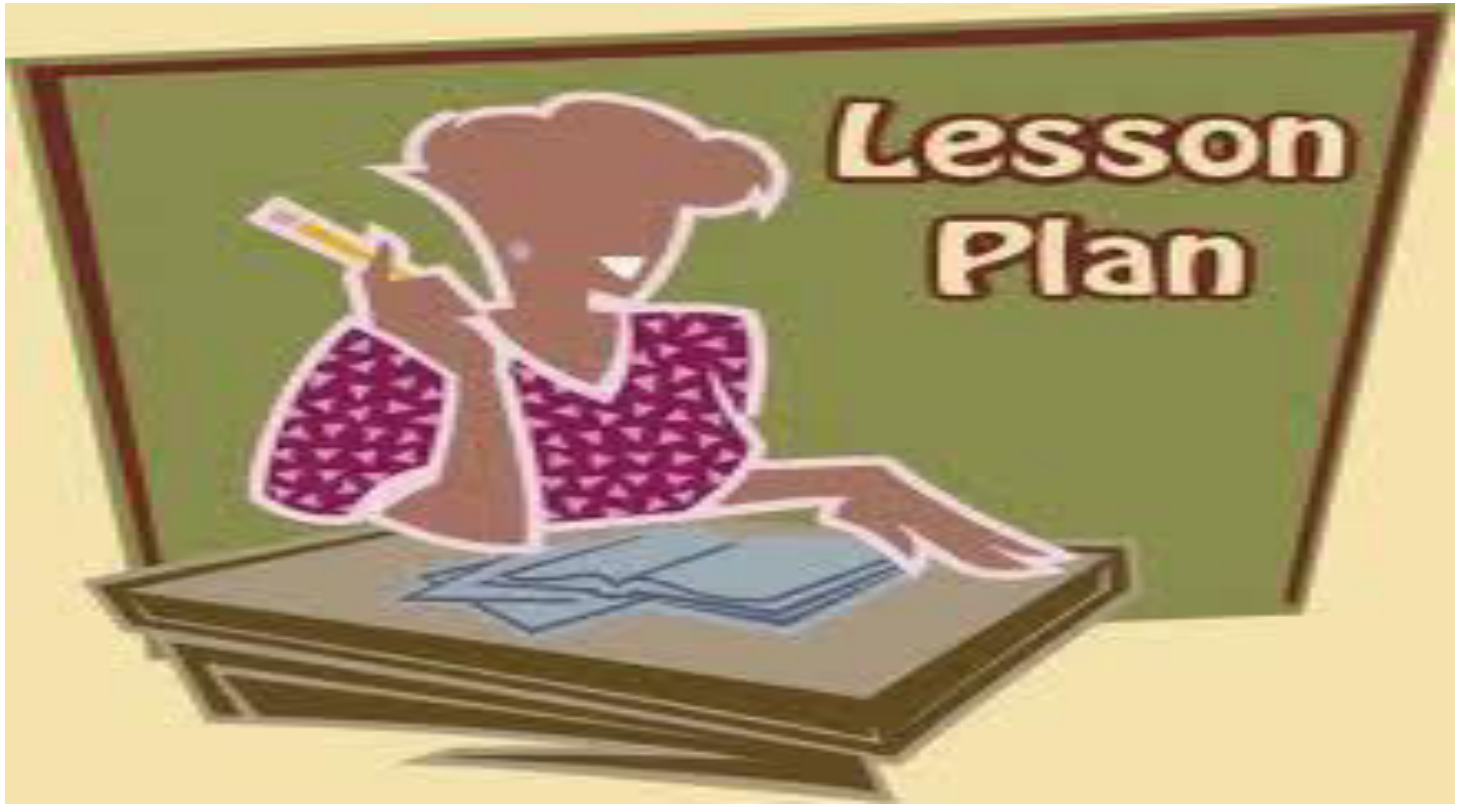
5min	Enumerate about inverted nipple	**INVERTED NIPPLE** **Definition:** It is the state of retraction of nipple into the breast. It can lead to nipple soreness **Causes :** a) Adhesions at the base of the nipple that bind the skin to the underlying tissue. b) Stress of vigorous sucking causes adhesions. **Diagnosis:** **Pinch test**- Placing the thumb and forefinger on areola and pressing inward. If the nipple retracts it is considered as inverted nipple. **Prevention:** **Hoffman technique**- It is the pulling out act of nipple outwards by placing the thumb and index finger at the base of the nipple. **Management:** • Syringe method • Use of breast pump • Use of nipple shield	Explaining	Listening	Flash card	Mention the causes

5 min		**<u>SORENESS OF NIPPLE</u>** **Definition:** Fissures in the nipple is referred as soreness of nipple. **Causes:** • Feeding on inverted nipple • Incorrect latch on • Feeding for long time without interval **Symptoms :** • Ulceration in the nipple • Redness of the nipple • Sometimes bleeding can be seen **Prevention:** • Correct latch on • Avoid using soap on the nipple • Avoid sudden pulling of the baby off the breast.	explaining	Listening	Flash card	What are the symptoms of sore nipple

5min	Expain in detail about Mastitis	**Management :** - Gently rub a drop of expressed milk into the sore area helps to heal sore nipple. - Apply pure lanolin or vitamin E oil - Apply cold compress or ice to the nipple. - Do not feed the baby for 3-4hrs in the affected breast **<u>MASTITIS</u>** **Definition:** Mastitis is the inflammation of the breast tissue. **Risk factors:** - Sore nipple - Cracked nipple - Plugged milk duct **Cause :** Poor drainage of milk from part or all of the breast	Explaining Explaining	Listening Listening	Flash card Flash card	Mention the risk factors

		Causative organism: Staphylococcus aureus, which enters through fissures causes mastitis. **Symptoms:** • Pain in the breast • Redness & • Swelling • Fever • Generalized malaise **Prevention:** • Cleaning the nipple before and after each feed and keeping them dry. • Continued nursing **Management:** • Breast support • Applying warm compress before feeding	Explaining	Listening	Flash card	Mention the causative organism

		• Massaging the breast • Feed the baby regularly **Complication :** Breast abscess **<u>Conclusion</u>** The occurrence of breast problems is more common in cesarean mothers . These problems can be minimized with the support of breastfeeding skill in the early postpartum period.	Explaining	Listening	Flash card .	


Lesson
Plan

பாடத்திட்டம்

தாய்ப்பால் ஊட்டும் போது ஏற்படும் மார்பக பிரச்சனைகள் தடுக்கும் முறை மற்றும் சிகிச்சை

பெயர்	:	பா.சவிதா
பாடம்	:	தாய் சேய் நல செவிலியம்
தலைப்பு	:	மார்பாக பிரச்சனைகள் - தடுப்பு மற்றும் சிகிச்சை
நேரம்	:	**45** நிமிடங்கள்**.**
குழு	:	முதல்பேறுகாலத்தில் அறுவைச்சிகிச்சை மூலம் குழந்தை பிறந்த பெண்கள்
ஒலி ஒளி அமைப்பு	:	காட்சி அட்டைகள்
கற்பிக்கும் முறை	:	விரிவுரை
மொழி	:	தமிழ்**.**

பொதுவான குறிக்கோள்

இந்த வடிவமைக்கப்பட்ட பாடத்திட்டத்தின் முடிவில் தாய்மார்கள் தாய்ப்பால் ஊட்டும் போது வரும் மார்பக பிரச்சனைகளை எவ்வாறு தடுப்பது மற்றும் சிகிச்சை என்பதை புரிந்து கொள்வார்கள்.

குறுப்பிட்ட குறிக்கோள்:

இந்த வடிவமைக்கப்பட்ட பாடத்திட்டதிற்கு பின் அறுவை சிகிச்சை மூலம் முதல் குழந்தை பெற்ற தாய்களால்

a. தாய்ப்பால் ஊட்டுதல் பற்றி பொதுவான கருத்தை விளக்குக
b. தாய்ப்பால் ஊட்டும் போது மார்பக பின்விளைவுகளை பட்டியலிடுக
c. தாய்ப்பால் ஊட்டும் போது மார்பக பின்விளைவுகளை எவ்வாறு தடுக்கலாம்
d. பால் கட்டி கொள்ளுதல் பற்றி விரிவாக விளக்குக
e. அமிழ்த்திய முலைக்காம்பு பற்றி கணக்கிடுக
f. முலைக்காம்பு புண் பற்றி விவரி
g. மார்பக வீக்கம் பற்றி விவரமாக விளக்குக

நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியரின் செயல்	கற்போர் செயல்	ஒலி ஒளி அ	மதிபிடதல்
5 நிமிட	தலைப்பு பற்றி அறிமுகம்	**<u>முகவுரை</u>** தாய்பால் ஊட்டுதல் என்பது மிக இயற்கையான ஒன்றாவும் மற்றும் மனித பரஸ்பரத்துக்கு நெருக்கமானதாக கருதபடுகிறது. எந்த பால்பட்டியை கழுவி சுத்தம் செய்ய வேண்டாம், பால்பவுடர் வாங்க வேண்டாம், கலக்க வேண்டாம். தாய்ப்பால் ஊட்டுதல் என்பது தாய் தனது பாலை கொடுப்பது ஆகும். தாய்ப்பால் கொடுப்பதால் பல நன்மைகள் உள்ளன. அவை விலையில்லாமல் கிடைக்கும். சரியான வெப்பத்தில் கிடைக்கும் போன்ற பல...., குழந்தை அழும் போதெல்லாம் கொடுக்க வேண்டும். ஒவ்வொரு முறையும் 10 - 20 நிமிடம் குழந்தைக்கு பாலுட்ட வேண்டும். பாலுட்ட முயலும் போது பெண்களுக்கு பொதுவாக பிரச்சனைகள் அனுபவிக்கலாம், பிரத்தியோக தாய்ப்பால் மட்டும் குடிக்கும் குழந்தை முதல் 6 மாதம் தாய்ப்பாலை நம்பி இருக்கும். வேறு காலத்துக்கு பின் தோராயமாக 33 % பெண்கள் முதல் 2 வாரங்களுக்கு சில கோணங்களில் தாய்ப்பால்	கற்பித்தல்	கவனித்தல்	இல்லை	

5 நிமிட	பால் கட்டி கொள்ளுதல் பற்றி விவரிக்கவும்	.அதிலும் அறுவை சிகிச்சை மூலம் குழந்தை பெற்றவர்களுக்கு தாய்ப்பால் ஊட்டுவது பல காரணங்களால் மேலும் கடினமாகிறது. அதில் பிரசவ வலி மற்றும் தளர்ச்சி, இரத்த போக்கு, மருந்துகளின் பாதிப்பு போன்ற பல அடங்கும். இவை மறைமுகமாக தாய்ப்பால் ஊட்டுவதை பாதித்து, மார்பக பிரச்சனைக்கு வழி வகுக்கும். பால் கட்டி கொள்ளுதல், முலைக்காம்பு புண், அமிழ்த்திய முலைக்காம்பு, முலைக்காம்பு வெடிப்பு, பால் சுரப்பி அடைப்பு, மார்பக வீக்கம், மார்பக சீழ்கட்டி ஆகிய அனைத்தும் மார்பக பிரச்சனைகளில் அடங்கும். மார்பக பிரச்சனைகள் ஏற்படாமல் தடுக்க எவ்வளவு விரைவாக முடியுமோ அவ்வளவு விரைவாக தாய்ப்பாலூட்ட ஆரம்பித்தல் அவசியம். **பால் கட்டி கொள்ளுதல்** **விளக்கம்**: பால் கட்டி கொள்ளுதல் என்றால் குழந்தை பிறந்த மூண்று நாட்கள் பிறகு மார்பகம் நிரம்பி உள்ளது போன்று உணர்வு அனுபவித்தல் **காரணம்**: திடிரென சுரப்பி மாற்றம் மற்றும் அதிக பால் சுரப்பு • **அறிகுறிகள்**: மார்பகம் வீங்கி கடினமாக மற்றும் வலியுடன் இருப்பது	கற்பித்தல்	கவனித்தல்	காட்சி அட்டைகள்	

		• தாய்ப்பால் ஊட்டும்போது வலி • பொதுவான உடல் சோர்வு **தடுக்கும் முறை** : • சீக்கிரமாக தாய்ப்பால் ஊட்ட ஆரம்பித்தல் • அடிக்கடி குழந்தைக்கு பால் ஊட்டுவது **சமாளிக்கும் முறை**: • பால் ஊட்டும் முன் வெதுவெதுப்பான ஒத்தடம் மற்றும் குளிர் ஒத்தடம் அளிப்பது • பாலை தானே பீழ்ச்சி எடுப்பது • முட்டைகோஸ் இலைகளை மார்பின் மீது வைத்து கட்டுவது • வீக்கம் குறைய, ஐஸ் கட்டிகளை மார்பின் மீது 15 - 20 நிமிடம் பால் ஊட்டும் இடைவேளையின் போது அளிக்கவும். **பின்விளைவுகள்**: • மார்பக வீக்கம் மற்றும் நோய் தொற்று				

		அமிழ்த்திய முலைக்காம்பு **வரையறைப்படுத்து:** மார்பகத்தின் முலைக்காம்புகள் உள்வாங்கிய நிலைமை அமிழ்த்திய முலைக்காம்பு ஆகும் இது முலைக்காம்பு புண்ணாக வழி வகுக்கும **காரணங்கள்:** a) முலைக்காம்பின் அடியில் உள்ள திசுக்கள் தோலோடு பிணைந்து ஒட்டி இருப்பதால் b) குழந்தை வேகமாக பால் உருஞ்சுவதால் அழுத்தத்தால் ஒட்டி கொள்வதால் **பரிசோதனை:** **கிள்ளு பரிசோதனை** - பெருவிரல் மற்றும் முன்விரல் கருப்பகுதியின் மீது வைத்து உள்பக்கம் அழுத்த வேண்டும். அப்போது உள் வாங்கினால் அமிழ்த்திய முலைக்காம்பு என கருதப்படும். **தடுப்பு முறை:** பெருவிரல் மற்றும் ஆட்காட்டி விரல் முலைக்காம்பின் அடிப்பகுதியில் வைத்து முலைக்காம்பினை வெளி இழுக்கும் செயலாகும் \ **சிகிச்சை முறை:** • சிரிஞ்ச் ஊசி முறை • பால் பிய்ச்சும் கருவி உதவியுடன் • முலைக்காம்பு மேல் உறை உதவியுடன்				

		<u>முலைக்காம்பு</u> <u>புண்</u> **வரையரைபடுத்து**: முலைக்காம்பில் உள்ள வெடிப்புகளை முலைக்காம்பு புண் என சொல்லபடுகிறது **காரணங்கள்**: • அமிழ்த்திய முலைக்காம்பில் பாலுட்டுவதால் • குழந்தை சரியாக வாய் கவ்வாதபோது • இடைவெலையில்லாமல் தொடர்ந்து பாலுட்டும்போது **அறிகுறிகள்**: • முலைக்காம்பில் புண்கள் • முலைக்காம்பு சிவத்தல் • சில நேரத்தில் இரத்தம் கசிவு காணலாம் **தடுக்கும் முறை**: • குழந்தை சரியாக வாய்வைத்து குடித்தல் • முலைக்காம்பு மீது சோப்பை தவிர்ப்பது • திடிரென குழந்தையை மார்பில் இருந்து தவிர்ப்பது				

		சிகிச்சை முறை: • பீய்ச்சிய பாலை ஒரு சொட்டு எடுத்து புண்ணான பகுதியில் மெதுவாக தடவுவதால் முலைக்காம்பு புண் ஆறுவதற்கு உதவியாக இருக்கும் • சுத்தமான லேனோளின் (அ) விட்டமின் & எண்ணெய் தடவலாம் • பாதிக்கப்பட்ட மார்பகத்தில் 3 - ச மணி நேரம் குழந்தைக்கு பால் ஊட்டாமல் இருக்கலாம் • **மார்பக வீக்கம் மற்றும் நோய்தொற்று** **இடர் காரணங்கள்** • முலைக்காம்பு புண் • முலைக்காம்பு வெடிப்பு • அடைப்பட்ட பால் சுரப்பி **காரணம்**: மார்பகத்தின் ஒரு பகுதியிலிருந்து (அ) எல்லா பகுதியிலிருந்தும் பால் வடியாமல் இருப்பதால்		Listening	Flash card	How to manage soreness of nipple?

		காரண நுண்கிருமிகள்: ஸ்டபைலோகோக்குஸ் கிருமி, முலைக்காம்பு வெடிப்பு மூலம் உள்நுழைந்து மார்பக வீக்கம் மற்றும் நோய்த்தொற்று உண்டாகின்றது **அறிகுறிகள்:** • மார்பகத்தில் வலி • சிவந்து வீங்குதல் • காய்ச்சல் • பொதுவான கலைப்பு **தடுக்கும் முறை:** • பால் கொடுப்பதற்கு முன்னும் பின்னும் முலைக்காம்பை சுத்தமாகவும் உலர்வாகவும் வைத்து கொள்ள வேண்டும் • தொடர்ந்து தாய்ப்பால் கொடுக்கலாம் **சிகிச்சை முறை:** • மார்பக ஆதரவாக உடை • பால் ஊட்டுவதற்கு முன் வெதுவெதுப்பான ஒத்தடம் அளிக்கலாம்				

		• மார்பகத்தை மசாஜ் செய்வது • தொடர்ந்து குழந்தைக்கு தாய்ப்பால் ஊட்டுதல் **பின்விளைவு:** மார்பக சீழ்க்கட்டி **முடிவுரை:** அறுவை சிகிச்சை மூலம் குழந்தை பெற்றவர்களுக்கு மார்பக பிரச்சனைகள் அதிகம் ஏற்படும். அவற்றை முற்பேறு காலத்தில் சரியான தாய்ப்பால் கொடுக்கும் நுட்ப ஆதரவால் குறைக்கலாம்.			.	

INFORMED CONSENT FORM

Title of the study: **"**A study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers at Institute of Obstetrics and Gynecology, Egmore, Chennai-08.

Name of the Participant:

I ----------have read the information in this form (or it has been read to me). I was free to ask questions and they have been answered. As I hereby give my consent to include me as the participant in this study.

1. I have read and understood the consent form and the information provided to me.
2. I have had the consent document explained to me.
3. I have been explained about the nature of the study
4. I have been explained about my rights and responsibilities by the investigator
5. I am aware of the fact that I can opt out of the study at any time without having to give any reason and this will not affect my further treatment in the hospital.
6. I hereby give permission to the investigator to release the information obtained on my study to other team personnel, sponsors, Institution Ethics Committee and any person or agency required by law like Health Controller General of India, IEC. I understand that they are publicly presented.
7. I understand my identity will be kept confidential when the study is publicly presented.
8. I have had my questions answered to my satisfaction
9. I have decided to participate in the study.

I am aware that if I have any questions during this study, I should contact the investigator. By signing this consent form I attest that the information given in this document about the research on me has been clearly explained to me and understood by me. I will be given a copy of this consent document.

Name and Signature /thumb impression of the participant

Name---------- Signature ---------- Date ----------

Name and Signature of the investigator or representative obtaining consent:

Name---------- Signature---------- Date----------

INFORMATION TO PARTICIPANTS

Investigator : P. Savitha

Name of Participant:

Tittle: **A study to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers at Institute Of Obstetrics And Gynecology, Egmore, Chennai-08.**

This study is conducted in Institute of Obstetrics and Gynecology, Egmore, Chennai-8. You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have queries or concerns.

What is the Purpose of the Research (explain briefly)

This Research is conducted to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers. We have obtained permission from the Institutional Ethical Committee.

The Study Design

Quasi experimental pre test and post test.

Study Procedures

The study involves to evaluate the effectiveness of structured teaching programme regarding prevention and management of selected breast complications among LSCS primipara mothers

Possible Effects to You –

No risks involved

Possible benefits to you

After finishing this study, investigator will provide information that about prevention and management of selected breast complications among LSCS primipara mothers.

Possible benefits to other people

The result of the research may motivate the nurses to do prevention and management of selected breast complications among LSCS primipara mothers.

CONFIDENTIALITY OF THE INFORMATION OBTAINED FROM YOU

You have the right to confidentiality regarding the privacy of your medical information (personal details, results of physical examination, investigation, and your medical history). By signing this document you will be allowing the research team investigators, other study personnel, sponsors, and any person or agency required by law like the Drug Controller General of India to view your data, if required. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

HOW WILLYOUR DECISION NOT TO PARTICIPATE IN THE STUDY AFFECT YOU?

Your decisions not to participate in this research study will not affect your, medical care or your relationship with investigator or the institution.

CAN YOU DECIDE TO STOP PARTICIPATION IN THE STUDY ONCE YOU START?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving reasons. However, it is advisable that you talk to the research team prior to stopping the treatment.

Signature of the Investigator Signature of the mother with date

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your medical information (personal details, results of physical examinations, investigations, and your medical history). By signing this document, you will be allowing the research team investigators, other study personnel, sponsors, IEC and any person or agency required by law like the Drug Controller General of India to view your data, if required. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your daily living activities, medical care or you relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

However, it is advisable that you talk to the research team prior to stopping the treatment.

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு:முதல் பேறுகாலத்தில்அறுவைச்சிகிச்சை முலம் குழந்தை பிறந்த தாய்மார்களுக்கு வடிவுமைக்கப்பட்ட பாடத்திட்டத்தின் முலம் தேர்வு செய்த மார்பாக பிரச்சினைகளின் தடுப்பு முறை மற்றும் சிகிச்சை பற்றிய அறிவு திறனை ஆராய்ச்சி செய்தல்.

ஆய்வாளர் பெயர் :பா. சவிதா

பங்கேபாளர் பெயர் வயது:

ஆராய்ச்சிச் சேர்க்கை எண் :

- நான் அரசு தாய் சேய் நல மருத்துவமனையில் அறுவைச்சிகிச்சைக்கு பின் கவனிப்பு பகுதியில் அனுமதிக்கபட்டு உள்ள தாய்மார்கள் அறிவு திறனாய்வு மேற்கொள்கிறேன்.
- முதல் பேறுகாலத்தில் அறுவை முலம் குழந்தை பிறந்த தாய்மார்களுக்கு வடிவுமைக்கப்பட்ட பாடத்திட்டத்தின் முலம் தேர்வு செய்த மார்பாக பிரச்சினைகளின் தடுப்பு முறை மற்றும் சிகிச்சை பற்றிய அறிவினை போதிக்கிறேன்
- இந்த வடிவுமைக்கப்பட்ட பாடத்திட்டத்தின் முலம்முதல் பேறுகாலத்தில் அறுவை முலம் குழந்தை பிறந்த தாய்மார்கள், தேர்வு செய்த மார்பாக பிரச்சினைகளின் தடுப்பு முறை மற்றும் சிகிச்சை பற்றி நன்றாக அறிந்து கொள்ளலாம்.
- தாய்மார்கள் தங்கள் சொந்தவிருப்பத்தின் பேரில் ஆராய்ச்சியில் இணைக்கப்படுவர். விருப்பம் இல்லை என்றால் எந்நேரமும் விலகிகொள்ளலாம். இதனால் ஆராய்ச்சிக்கு எந்தவித பாதிப்பும்ஏற்படாது.
- முடிவுகளை அல்லது கருத்துகளை வெளியிடும் போது தங்களின் பெயரையோ அல்லது அடையாளங்களையோ வெளியிடமாட்டோம் என்பதை தெரிவித்துக்கொள்கிறோம்.

ஆராய்ச்சியாளர் கையொப்போம் பங்கேற்பாளர் கையொப்போம்

தேதி: தேதி :

ஆராய்ச்சிஒப்புதல்படிவம்

ஆராய்ச்சித்தலைப்பு :முதல் பேறுகாலத்தில் அறுவைச்சிகிச்சை முலம் குழந்தை பிறந்த தாய்மார்களுக்கு வடிவுமைக்கப்பட்ட பாடத்திட்டத்தின் முலம் தேர்வு செய்த மார்பாக பிரச்சினைகளின் தடுப்பு முறை மற்றும் சிகிச்சை பற்றிய அறிவு திறனை ஆராய்ச்சி செய்தல்.

ஆய்வாளர்பெயர்: பா. சவிதா

பங்கேற்பாளர்பெயர் : வயது:

தேதி :

ஆராய்ச்சிச்சேர்க்கைஎண் :

இந்த ஆராய்ச்சியின் விபரங்களும் அதன் நோக்கங்களும் முழுமையாக எனக்கு விளக்கப்பட்டது.

எனக்கு விளக்கப்பட்ட விசயங்களை நான் புரிந்துகொண்டு எனது சம்மதத்தை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியில் பிறரின் நிபந்தனையின்றி சொந்தவிருப்பத்தின் பேரில் பங்குபெறுகின்றேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின்வாங்கலாம் என்பதையும் அதனால் எவ்விதபாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்துகொண்டேன்.

இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன்.

அப்படி வெளியிடும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.

நான் என் சுய நினைவுடனும் மற்றும் முழு மனதுடனும் இந்த ஆய்வில் பங்கு பெறசம்மதிக்கிறேன்.

நான் இந்த ஆராய்ச்சிக்கு என்னுடைய முழு ஒப்புதலை அளிக்கிறேன்.

எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆராய்ச்சியாளர் கையொப்போம் பங்கேற்பாளர் கையொப்போம்

தேதி : தேதி :

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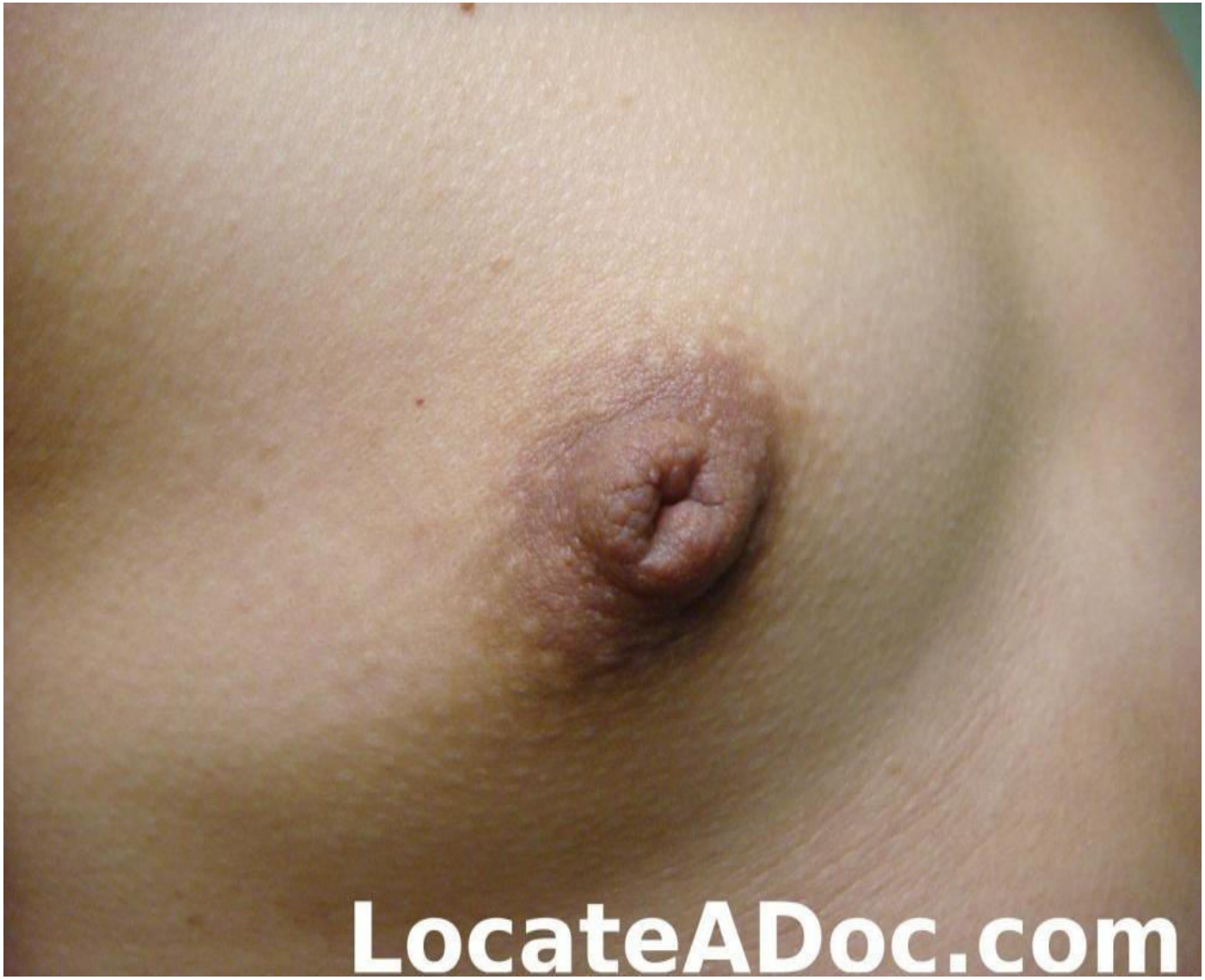
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Loving Support
PEER COUNSELING

HANDOUT #1C - HOW TO KNOW A NIPPLE IS INVERTED

To do the compression or "pinch" test:

1. Have the mother place her thumb and first finger on the base of her nipple near the edge of her areola.
2. Press her thumb and finger together.
3. If the nipple pushes out, it is not inverted.
4. If the nipple does not move, it may be flat.
5. If the nipple sinks in, like a dimple, it may be inverted.
6. The baby can probably draw out the nipple when breastfeeding.
7. The WIC dietitian/breastfeeding expert can help.

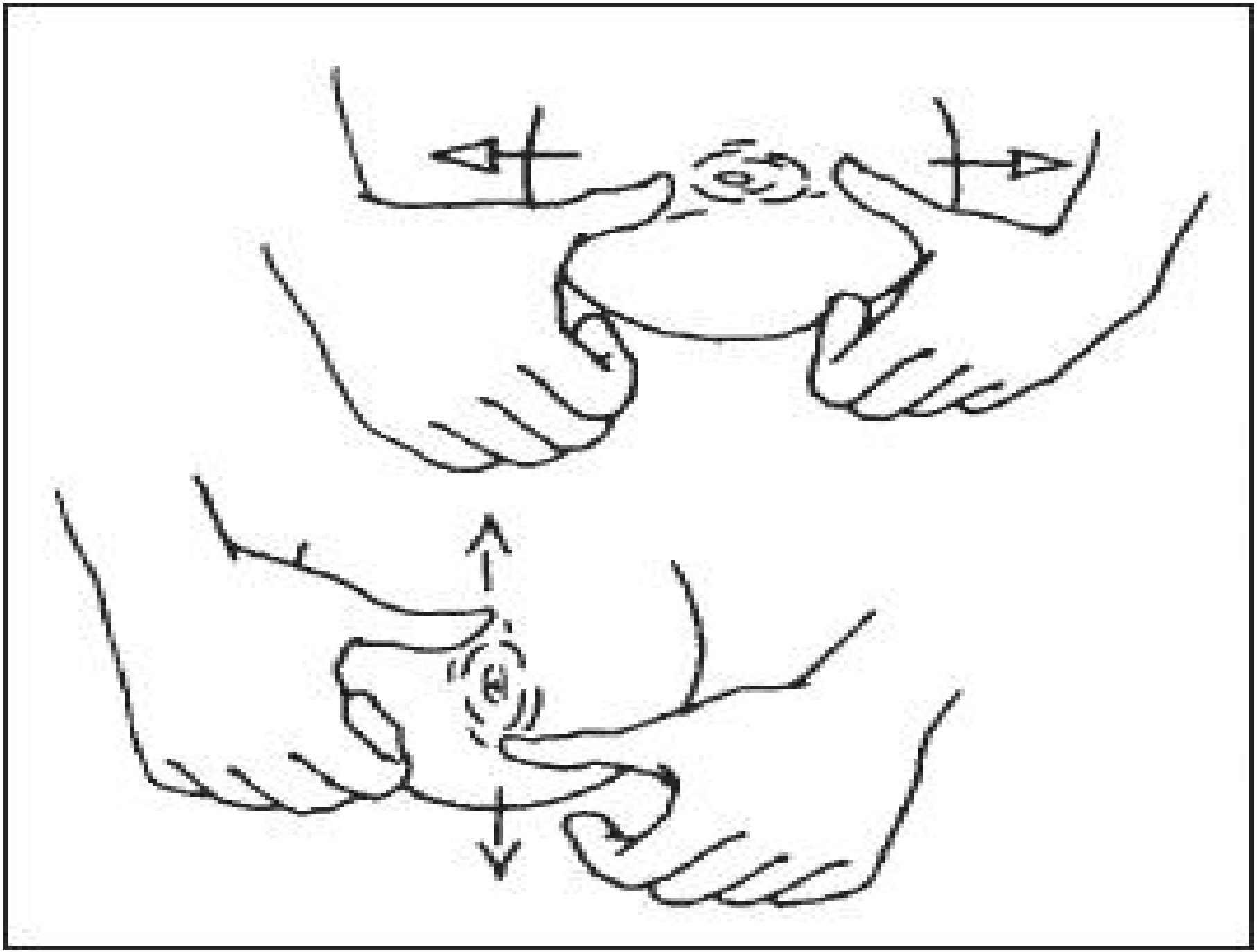
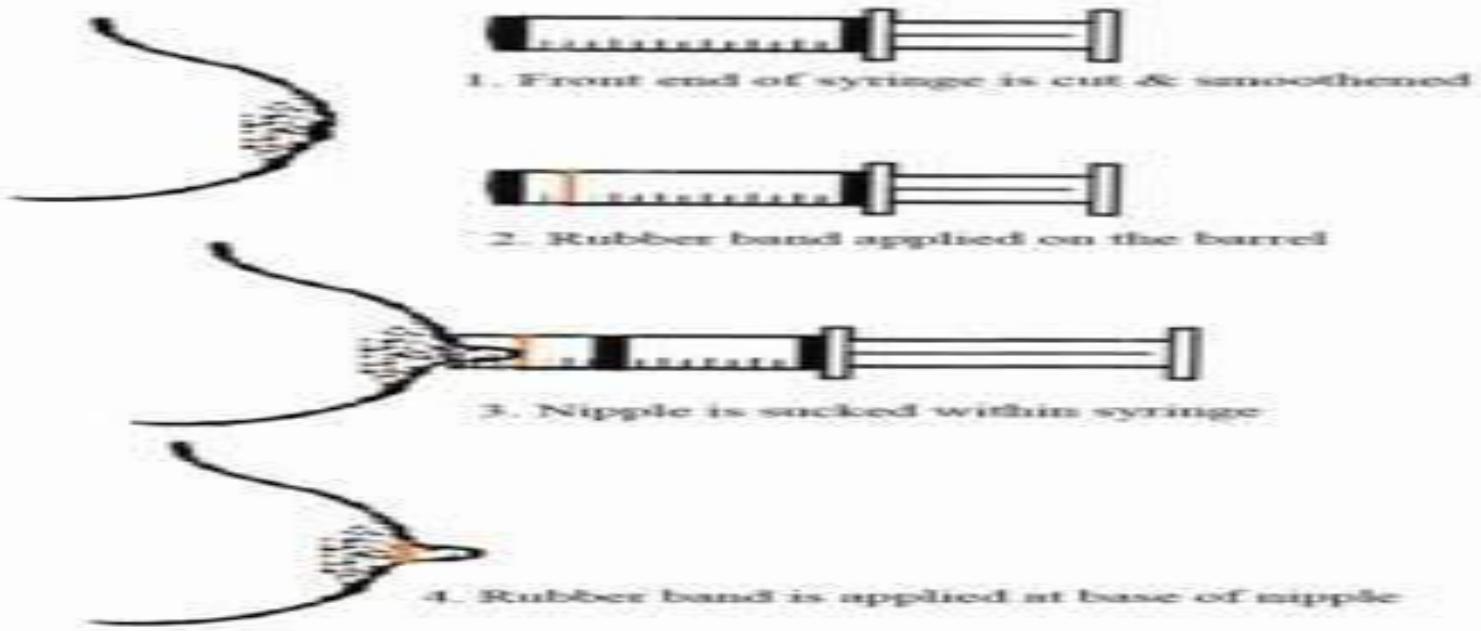


Fig 1. Shows the steps of applying rubber band with syringe applicator.



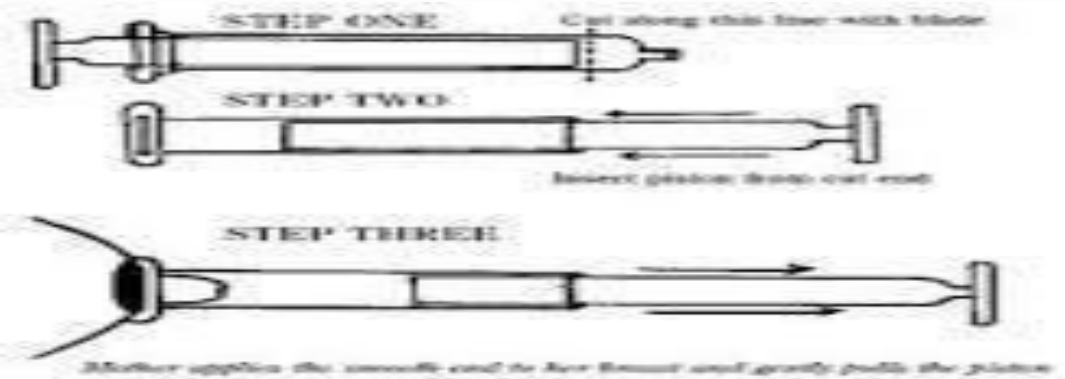
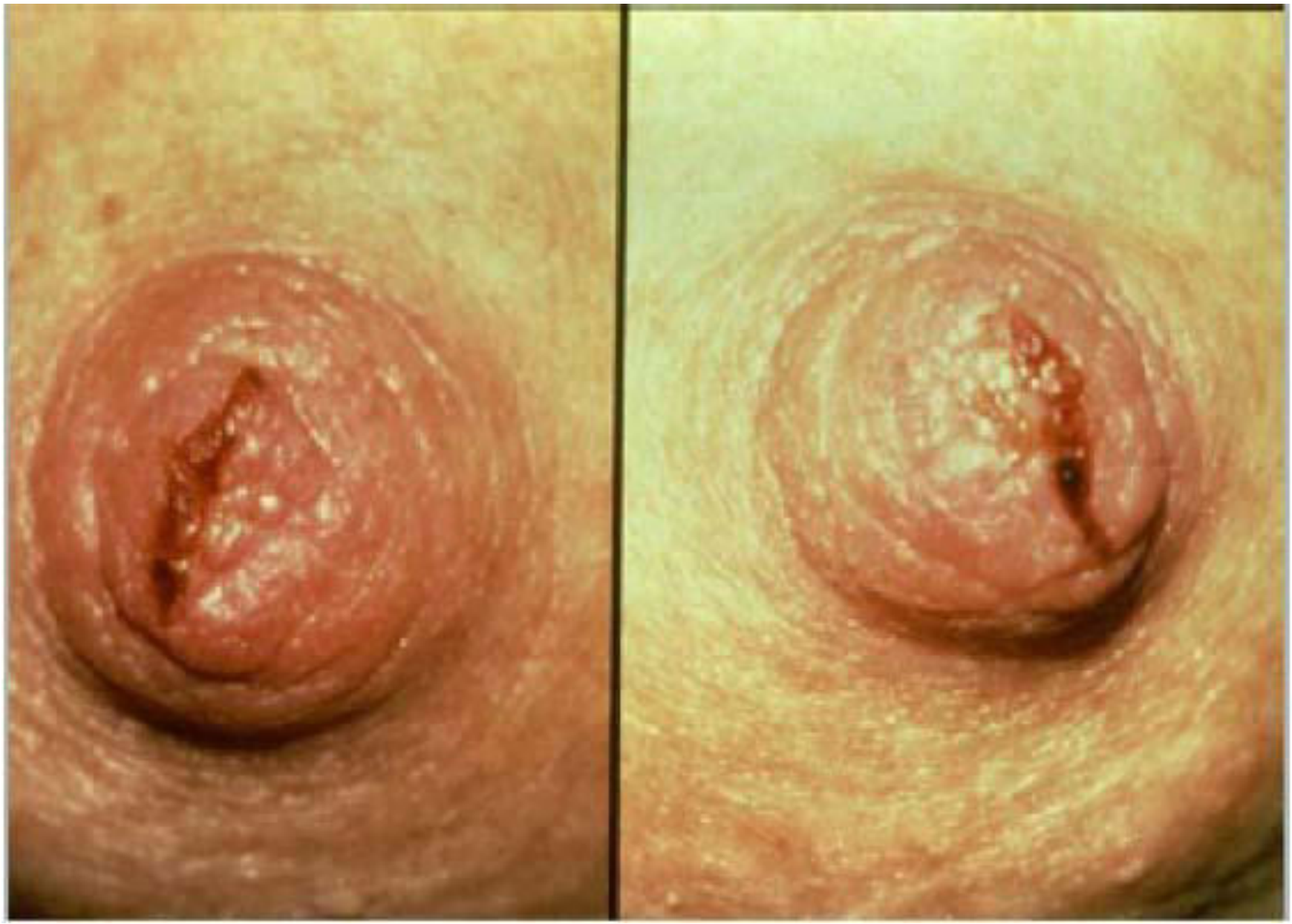
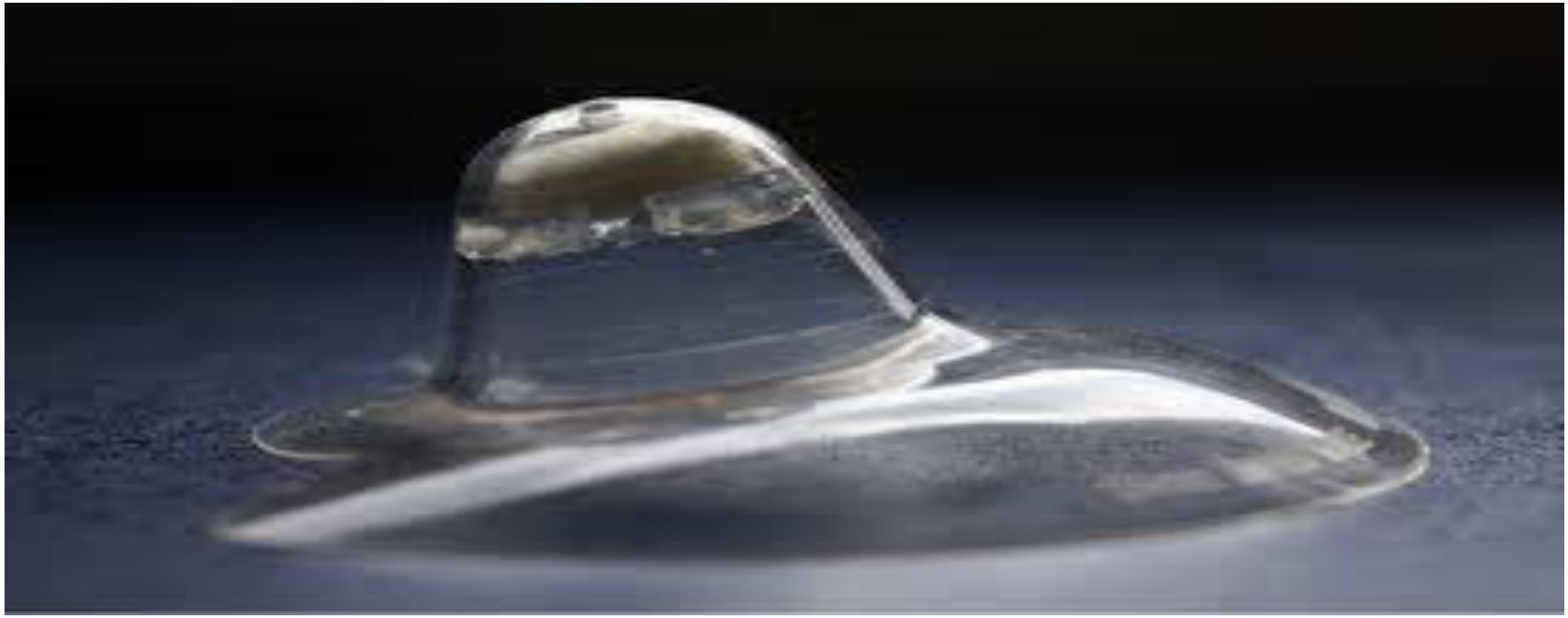


Fig 2




PIGEON
Nipple Puller



Incorrect Latch-on
Lower lip is tucked in
Mouth does not cover aerola

Incorrect Latch-on
Mouth does not cover
aerola


Mouth covers areola
Lips are flanged out
Correct Infant Latch-on Position


28,000 I.U. PURE
Vitamin E Oil
VITAMIN
Colonial Dames
Nature's Answer To Younger Looking Skin
1 fl. oz. (29 mL)


INFUSED
Olive
Oil
INFUSED
Olive
Oil
INFUSED
Olive
Oil


INSTANT
COLD PACK
INSTRUCTIONS
SWIFT
INSTANT CHEMICAL
COLD PACK
INSTANT
COLD PACK
INSTRUCTIONS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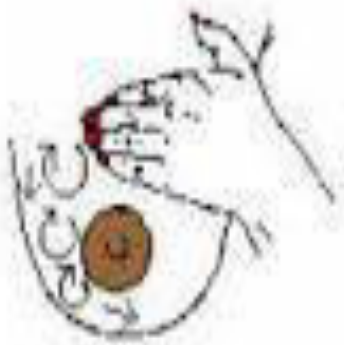

MASSAGE

1. **MASSAGE** the milk producing cells and ducts.

Start at the top of the breast. Press firmly into the chest wall. Move fingers in a circular motion on one spot on the skin.

STROKE

2. **STROKE** the breast area from the top of the breast to the nipple with a light tickle-like stroke.

SHAKE

3. **SHAKE** the breast while leaning forward so that gravity will help the milk eject.


ПАКОСТНИК


bébéconfort
maternity

EXPERIMENTAL GROUP										
DEMOGRAPHIC DATA										
	AGE	RELIGION	TYPE OF FAMILY	EDUCATIONAL STATUS	OCCUPATION	DIETARY HABITS	PLACE OF RESIDENCE	PREVIOUS KNOWLEDGE		IF, YES. HOW?
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CONTROL GROUP										
DEMOGRAPHIC DATA										
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EXPERIMENTAL GROUP-POST TEST																																			
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CONTROL-PRETEST

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CONTROL-POST TEST

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